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QUALITY INTRAPARTUM CARE EXPERIENCES OF WOMEN AND MIDWIVES IN LOW- AND MIDDLE-INCOME COUNTRIES: A CRITICAL NARRATIVE REVIEW

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ABSTRACT: *Quality intrapartum care measures are essential for reducing avoidable maternal and newborn morbidity and mortality. One factor contributing to the high burden of maternal and newborn illness is inadequate care during the intrapartum period. There is a substantial amount of qualitative research detailing the experiences of women and midwives with intrapartum care. However, narrative reviews that concentrate on the experiences of women and midwives while utilizing and providing intrapartum care respectively in sub-Saharan African Low- to Middle-Income Countries (LMICs) are scarce, as far as the authors are aware. We aimed to retrieve evidence that supports women's and midwives' experiences with quality intrapartum care by conducting a critical review of the literature. The literature was searched from PubMed, Google Scholar, Cochrane Library, and Science Direct/Elsevier with studies between June 2014 and July 2024. Qualified midwives and pregnant and postpartum women were target populations for the review. Therefore, we undertook a critical narrative review to ascertain relevant evidence related to intrapartum midwifery care and women's experiences—qualitative studies that focused on the views and experiences of women and midwives in low- and middle-income countries. This review article addressed the following questions: "What are the women's experiences with health facility intrapartum care?" and "What are the midwives' experiences while providing health facility intrapartum care?" The aim of the review was to collect, analyze and synthesize the low- and middle-income countries' evidence that supports quality intrapartum care during first and second stages of labour, which will inform midwifery practice, education and future research, and positively influence this aspect of midwifery care for women. Out of the 250 retrieved studies, 12 met the inclusion criteria. Three themes and four subthemes were identified from the data: Theme one: Quality of care expectations with four subthemes; (1) Respectful, dignified care; (2) Availability of structural resources; (3) Cultural sensitivity; (4) Labour and pain relief. Theme two: Negative experiences with two subthemes; (1) Physical and verbal abuse; (2) Lack of communication and privacy. Theme three: Midwives' perspective with two subthemes; (1) Midwives' challenges and professional identity; (2) Impact on midwives. It was concluded that women and midwives work together as partners in the process of maternity care. In addition to addressing women's needs and rights, midwives are crucial in advancing women's rights and developing interpersonal relations. Further research is needed to explore both the users' and providers' experiences concurrently; this will enhance strategies aimed at improving the quality of intrapartum care in LMICs.*

KEYWORDS: Quality Intrapartum Care; Birth Experiences, Woman Centered Care, Midwifery.

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BACKGROUND

Globally, about 810 women die every day from pregnancy and childbirth associated causes with 94% of all maternal mortality occurring in low and lower middle income countries (WHO, 2019). Direct causes of maternal death such as haemorrhage, hypertensive disorders, sepsis, and abortion account for more than 70% of maternal deaths (Say et al., 2014). This mortality rate suggests that the perinatal period is crucial for the survival, health and wellbeing of both mothers and their babies (Say et al., 2014). Studies report that the high maternal and newborn mortality levels are attributed to the poor quality of care in low resource settings (Kuruvilla et al., 2014; Nieminen, Stephansson & Ryding, 2009; Van den Broek & Graham, 2009). Studies report that a lack of care and support increases the risk of women having negative birth experiences and this can lead to suffering post-traumatic stress disorder (PTSD) (Leavy et al., 2023; M. Steen & Green, 2015; M. Steen, Robinson, M., Robertson, S. et al., 2015; M. Steen & Steen, 2014). Midwives can avert an estimated 4.3 million maternal and newborn deaths each year and enhance maternal and newborn health outcomes by offering high-quality health care (Nove et al., 2021). Communicating effectively can reduce the risk of negative birth experiences and PTSD. Research shows that it is the interactions rather than the interventions that cause mothers birth trauma (Hollander et al., 2017). Hence, mothers' decisions regarding future pregnancies and birth may be largely influenced by how midwives interact while providing maternity care (Waldenström, Hildingsson, Rubertsson & Rådestad, 2004). It has been highlighted that some women who receive poor care when giving birth will opt for an elective caesarean birth in their subsequent pregnancies (Henriksen, Grimsrud, Schei, Lukasse & Group, 2017). Additionally, a negative birth experience can lead to interpersonal connection instability, dysfunctional maternal-infant attachment, and post-traumatic stress disorder (PTSD) (Ayers, Eagle & Waring, 2006; Garthus-Niegel, von Soest, Vollrath & Eberhard-Gran, 2013; Nicholls & Ayers, 2007), decrease in exclusive breastfeeding (Beck & Watson, 2008), inappropriate use of maternal newborn services (Turkstra et al., 2015), and pregnancy anxiety (Nilsson, Lundgren, Karlström, & Hildingsson, 2012; Pang, Leung, Lau, & Hang Chung, 2008). Thus all these issues are associated with poor quality of care. This deficit in maternal care justifies the need for intervention(s) necessary to reduce unnecessary preventable maternal and neonatal deaths (Dey, Ononge, Weeks, & Benova, 2021).

The provision of respectful maternity care (RMC), good communication, labour companionship and intermittent fetal heart rate auscultation are examples of recommended practices (Downe, 2019; WHO, 2018). Additionally, a strengthened health care infrastructure, effective use of clinical and non-clinical interventions, adequate supplies, human resources with a positive attitude, knowledge, and skills capable of managing pregnancy and childbirth, and the ability to apply timely, appropriate referral are all indicators of good quality of care (QOC). It is recognized that having QOC indicators improve the health outcomes for mothers and ultimately enable maternity care providers to give good care and feel valued (Say et al., 2014).

Previous studies report that when women access high quality care from proficient skilled health professionals during perinatal period, a huge difference between life and death occurs (WHO, 2019). It is acknowledged that midwifery care is vital for delivering high-quality maternity services to expectant mothers and newborns (Renfrew et al., 2014; WHO, 2018). However, there

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is a dearth of evidence about the experiences of women and midwives when utilising and engaging in intrapartum care services in LMICS. This review can help create strategies that improve the quality of maternal healthcare services worldwide by capturing the intricacies of intrapartum care from the viewpoints of women and healthcare professionals. Therefore, there is a clear justification to undertake this review to address this identified gap in the literature.

Statement of Significance

There is a substantial amount of qualitative research detailing the experiences of women and midwives with intrapartum care. There is, however, limited comprehensive critical narrative review of women's and midwives' experiences while utilising and providing intrapartum care respectively in LMIC. A narrative review that highlights the human element of intrapartum care and focuses on the experiences of midwives and mothers offers a chance to synthesize qualitative studies. This strategy is in line with the increasing demands for more person-centered care models, which give people's requirements, values, and preferences top priority when making decisions about their health (Downe, 2019; WHO, 2018). Therefore, both parties' perspectives could guide changes to practice, policy, and training to maximize the intrapartum care experience for all parties involved.

What the Findings Mean

The results show that to effectively address the high rates of maternal death that currently exist, more focus must be placed on providing high-quality intrapartum care in health facilities throughout LMICs.

METHODS

In order to understand more about the mothers' and midwives' experiences with intrapartum care, a critical narrative review in LMICs was conducted to identify, critically analyse and synthesise published literature.

The PubMed, Science Direct/Elsevier, Cochrane library and Google Scholar databases were used to review the literature on qualitative studies conducted in LMICS that were published in English within the last ten (10) years, from June 2014 to June 2024. A variety of key words such as ‘intrapartum care’ or ‘childbirth’ or ‘labour’, ‘mothers’ or ‘women’, ‘midwives’, patient, and person centered care were used to retrieve titles and abstracts from which relevant articles were identified and obtained their full texts. Original research articles relating to intrapartum care experiences were accessed. A total of 250 articles were retrieved from the database search; this included 10 articles that were chosen from the retrieved articles' reference list. One hundred duplicates were removed. The full texts of 150 papers were assessed using eligibility criteria; 138 papers that did not meet the inclusion criteria were excluded. The four reviewers eliminated irrelevant studies from the pool of gathered papers based on the abstract and title. Papers published in languages other than English, in countries not meeting the requirements of LMICs, and before 2013, were also omitted. Twelve (12) papers met the inclusion criteria, qualitative

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(n=10), systematic review and meta-synthesis (n=1) and meta-synthesis (n=1). The search strategy and screening process is shown using a PRISMA flowchart (Page et al., 2021), See Figure 1.

A synopsis of the literature is provided on common themes in accordance with the narrative review method; the articles were not evaluated for quality or subjected to criticism. The six-step thematic analysis method was used. The six steps of this method include: familiarization of data, generating initial codes, searching for themes, reviewing themes, defining and naming the themes, and producing the report (Braun & Clarke, 2006, 2022). This thematic approach was manually performed. Four researchers coded independently during this process utilising a manual coding guide with predefined codes. The review team discussed the results at various points to compare them and detect patterns and themes.

To keep the data extraction consistent, a standard tabular structure was employed using the SPIDER format. Spider is an efficient search strategy tool to use for qualitative research methods (Cooke, Smith & Booth, 2012). The extraction method is shown in Table 1.

Table 1: Elements of the review inclusion according to the acronym SPIDER

Elements of SPIDER	Elements of SPIDER as applied to this review
S – Sample	Qualified and practicing midwives or postpartum women who have experienced Intrapartum care
PI - Phenomenon of Interest	Qualified midwives' and postpartum women's experiences of intrapartum care
D - Design	Individual interviews, focus group discussions
E - Evaluation	Experiences, views, perceptions of intrapartum care
R - Research type	Primary qualitative research studies

Data Extraction

KE and NJB separately extracted data from the included studies and arrived at the decision of whether to include them according to the inclusion and exclusion criteria. For each study included, we recorded the last name of the author, year, country, study title, methodological characteristics, experiences of women and midwives (see Table 2).

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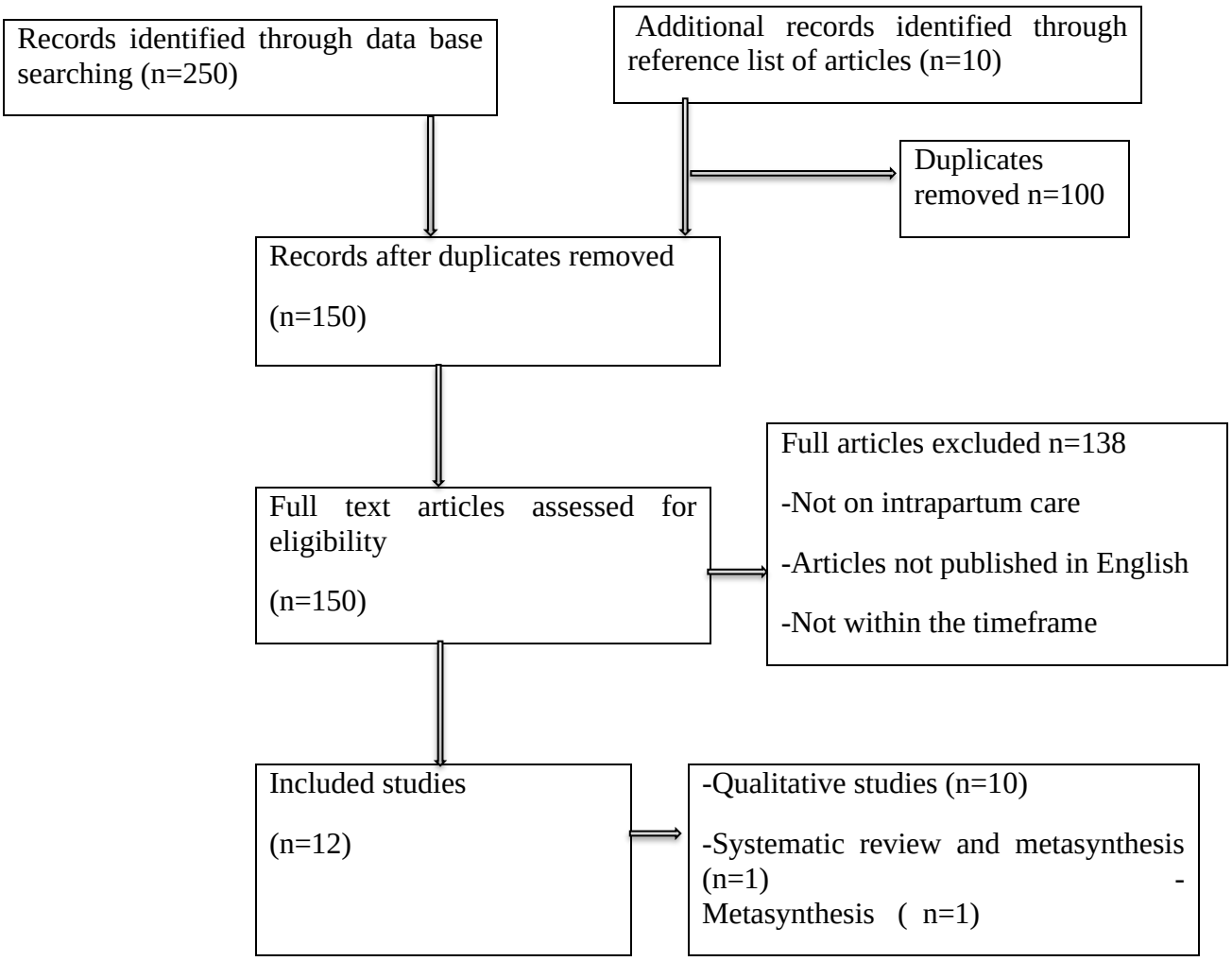

Figure 1: PRISMA Flow Chart

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RESULTS

Thematic deductive reasoning was used, and it was done manually. In all 12 articles were included for analysis. Four articles were related to women's experiences, seven were related to midwives' experiences, and three articles however were related to both (Table 1).

Two categories have been established: Experiences of women with intrapartum care and experiences of midwives while providing care. Three main themes were developed.

Theme One: Quality of Care Expectations

Subtheme: Respectful, Dignified Care

Women anticipate being treated with dignity and respect after giving birth. They look for prompt communication, skilled care, and emotional support. Negative birth experiences are frequently associated with a lack of these attributes (Afulani, Kusi, Kirumbi & Walker, 2018; Hagaman et al., 2022; Kyaddondo, Mugerwa, Byamugisha, Oladapo & Bohren, 2017; Namujju et al., 2018).

Subtheme: Availability of Structural Resources

The findings highlighted the importance of having medical supplies available and having knowledgeable and experienced staff in order to provide a positive delivery experience. Women frequently turned to extra payments in the absence of these to ensure high-quality care (Afulani et al., 2018; Ahmed, Mahimbo & Dawson, 2023; Kyaddondo et al., 2017).

Subtheme: Cultural Sensitivity

The need of providing culturally sensitive care was highlighted (Mantula, Chamisa, Nunu & Nyanhongo, 2023) and midwives and other healthcare professionals were advised to honor cultural traditions and include women in decisions regarding the course of their care.

Subtheme: Labour Pain and Pain Relief

Women voiced differing opinions regarding the necessity of biomedical pain relief, bringing attention to the problem of pain management during childbirth. It was believed that receiving both physical and emotional support throughout labor was essential to a satisfying experience (Afaya et al., 2017; Namujju et al., 2018).

Theme 2: Negative Experiences

Subtheme: Physical and Verbal Abuse

A number of studies have documented the frequency of verbal and physical abuse during labor (Ahmed et al., 2023; Burrowes, Holcombe, Jara, Carter & Smith, 2017). Women were frequently mistreated, did not participate in decisions about their care, and received non-consensual care.

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Subtheme: Lack of Communication and Privacy

Negative elements that were frequently cited as leading to traumatic birthing experiences were poor communication, a lack of privacy, and insufficient emotional support (Namujju et al., 2018).

Theme 3: Midwives' perspective

Subtheme 1: Midwife Challenges and Professional Identity

According to studies, midwives encounter difficulties such as lack of resources, unfavorable working conditions, and problems with their professional identity and standing (Bradley, McCourt, Rayment, & Parmar, 2019; Hastings-Tolsma, Temane, Tagutanazvo, Lukhele, & Nolte, 2021).These elements influence their capacity or lack to deliver considerate care.

Subtheme 2: Impact on Midwives:

According to the review findings, midwives suffer from emotional and professional stress as a result of disrespectful treatment and the limitations of their workplaces (Bradley, McCourt, Rayment & Parmar, 2019; Jiru & Sendo, 2021).

Table 2: Quality Intrapartum Care Experiences of Women and Midwives

Study	Author, year	Country	Study title	Methodological characteristics	Experiences of women	Experiences of midwives
1.	(Kyaddondo et al., 2017)	Uganda	Expectations and needs of Ugandan women for improved quality of childbirth care in health facilities: A qualitative study	Forty-five in-depth interviews and six focus group discussions were conducted	Respect and dignity, timely communication, competent skilled staff, and availability of medical supplies were central to women's accounts of quality care, or a lack of it. The hope for a live baby motivated women to seek facility-based childbirth. They expected to encounter	

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					competent, respectful, and caring staff with appropriate skills. In some cases, they could only fulfill these expectations through additional personal financial payments to staff, for clinical supplies, or to guarantee that they would be attended by someone with suitable skills.	
2.	(Namujju et al., 2018)	Uganda	Childbirth experiences and their derived meaning: a qualitative study among postnatal mothers in Mbale regional referral hospital, Uganda	A qualitative study	The severity, duration and patterns of labour pains were a major concern by almost all women. Women had divergent feelings of yes and no need of biomedical pain relief administration during childbirth. Mothers were socially orientated to regard labour pains as a normal phenomenon regardless of	

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					their nature. The health providers' attitudes, care and support gave positive and negative birth experiences. The Physical and psychosocial support provided comfort, consolation and encouragement to the mothers while inappropriate care, poor communication and compromised privacy contributed to the mothers' negative childbirth experiences. The type of birth affected the interpretations of the birth experiences. Women who gave birth vaginally, thought they were strong and brave, determined and self-confident; and were respected by members of their	

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					communities. On the contrary, the women who gave birth by operation were culturally considered bewitched, weak and failures.	
3.	(Afulani et al., 2018)	Kenya	To examine women's facility-based childbirth experiences in a rural county in Kenya and aspects of care that contribute to a positive or negative birth experience.	Qualitative study Focused group discussion N=58 (postnatal)	The findings suggest four factors influence women's perceptions of quality of care: responsiveness, supportive care, dignified care, and effective communication. Women had a positive experience when they were received well at the health facility, treated with kindness and respect, and given sufficient information about their care. The reverse led to a negative experience. These experiences were influenced by the behavior of both clinical and support staff and the facility environment.	
4.	(Metta	Tanzania	Exploring	Semi-	Three themes	

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	et al., 2024)		women's experiences of care during hospital childbirth in rural Tanzania: a qualitative study	structured interviews with women after childbirth (n=25) in two hospitals in Southern Tanzania.	emerged from the data: (1) Women's experiences of communication with providers varied (2) Respect and dignity during intrapartum care is not guaranteed; (3) Women had varying experience of support during labour. Verbal mistreatment and threatening language for adverse birth outcomes were common. Women appreciated physical or emotional support through human interaction. Some women would have wished for more support, but most accepted the current practices as they were.	
5.	Burrowes et al., 2017	Ethiopia	Midwives and patients' perspectives on disrespect	4 qualified midwives, 15 BSc student midwives and mothers	Both health care providers and patients reported frequent physical and verbal abuse as	Providers reported that most abuse is unintended and results from weaknesses in the

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			and abuse during labour and delivery care in Ethiopia: A qualitative study	within 1 year postpartum	well as non-consented care during labor and delivery	health system or from medical necessity
6.	Bradley et al., 2019	Sub-Saharan Africa	Midwives' perspectives on (dis)respectful intrapartum care during facility-based delivery in sub-Saharan Africa: a qualitative systematic review and meta-synthesis	A qualitative systematic review and meta-synthesis		Six main themes were identified. -Power and control:, -Maintaining midwives status' reflected midwives' focus on the micro-level interactions of the mother-midwife dyad. Meso-level drivers of disrespectful care were: -The constraints of the 'Work environment and resources'; -concerns about 'Midwives' position in the health systems hierarchy'; and the impact of 'Midwives' conceptualisations of respectful maternity care'. -An emerging theme outlined the 'Impact on midwives' of (dis)respectful care
7.	Hiruti,	Ethiopia	Promoting	A	Three themes	Five main

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	2021		compassionate and respectful maternity care during facility-based delivery in Ethiopia: perspectives of clients and midwives	qualitative exploratory descriptive research design was used among postpartum women (n=12) and midwifery experts (n=10)	emerged: dignified and respectful care, neglectful care and unqualified staff.	categories emerged from in-depth interviews with midwives: trusting relationships formed with labouring women, compassionate and respect-based behaviour, good communication skills and holistic care, intentional disrespect toward women, and barriers to compassionate and respectful maternity care due to structural factors.
8.	(Hagaman et al., 2022)	Ethiopia	"Even though they insult us, the delivery they give us is the greatest thing": a qualitative study contextualizing women's experiences with facility-based maternal health care in Ethiopia.	41 women who had delivered a live newborn within a six-month period were interviewed	Maternal and newborn survival and safety were central to women's descriptions of their Maternal Health Care experiences -Women nearly exclusively described healthy and safe deliveries with healthy outcomes as 'satisfactory' -The texture behind this 'satisfaction', however, was	

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					shaped by what mothers bring to their delivery experiences, creating expectations from events including past births, experiences with antenatal care, and social and community influences. -Secondary to the absence of adverse outcomes, health provider's interpersonal behaviors (e.g., supportive communication and behavioral demonstrations of commitment to their births) and the facility's amenities (e.g., bathing, cleaning, water, coffee, etc) enhanced women's experiences. - at the social and community levels, we found that family support and material resources may significantly buffer against	

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					negative experiences and facilitate women's overall satisfaction, even in the context of poor-quality facilities and limited resources	
9.	Afaya, 2017	Ghana	A Qualitative Study on Women's Experiences of Intrapartum Nursing Care at Tamale Teaching Hospital (TTH), Ghana	Used a semi-structured interview guide. Purposive sampling was employed to recruit 20 participants. Eight individual interviews were conducted in the postnatal ward after 48 hours of delivery, followed by three focus group discussions. Data were analyzed using thematic analysis.	The average age of women was 29 years ranging from 19-43 years. Participants' experiences of nursing/midwifery care during birth were influenced by reception and respect, provision of information, technical skill, providers' behavior, pain management and availability of nurses/midwives.	
10.	Ahmed, 2023	Low middle income countries	Quality intrapartum care expectations	A qualitative meta-synthesis'	Women's needs during the intrapartum period resonate	

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			and experiences of women in sub-Saharan African and other Low Middle-Income Countries: a qualitative meta-synthesis	30 articles were included in this review.	with what women want globally, however, priorities regarding the components of quality care for women and the urgency to intervene differed in this context given the socio-cultural norms and available resources. Women received sub-quality intrapartum care and global standards for woman-centred care were often compromised. They were mistreated verbally and physically. Women experienced poor communication with their care providers and non-consensual care and were rarely involved in decisions concerning their care. Women were denied the companion of choice due to	

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					cultural and structural factors.	
11.	(Mantula et al., 2023)	Zimbabwe	Women's Perspectives on Cultural Sensitivity of Midwives During Intrapartum Care at a Maternity Ward in a National Referral Hospital in Zimbabwe	A qualitative phenomenological design was employed. Two focus group discussions were conducted with 16 postpartum women.	This study revealed ineffective midwife-woman collaboration that excludes the incorporation of women's cultural beliefs in the design of maternity care plans. Emotional, physical, and informational support in the care provided to women during labor and childbirth was found to be incompetent. This suggests that midwives are not sensitive to cultural norms and do not provide woman-centered intrapartum care.	
12.	(Hastings-Tolsma, Temane, Tagutanazvo, Lukhele, & Nolte, 2021)	South Africa	Explored and described the experiences of midwives in providing care to labouring women in	A qualitative approach		Five themes were found: proud to be a midwife, regulations and independent function, resource availability, work burden and image of the midwife.

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			varied healthcare settings.			

DISCUSSION

The purpose of this discussion is to synthesize the results of qualitative research on the experiences of women and midwives with intrapartum care. Quality intrapartum care cannot be achieved without understanding both the users and providers of intrapartum care. This review focused on the experiences of women and midwives during labor and birth. This resulted in three major themes: Quality of care expectations, negative experiences and midwives' perspectives. The findings imply that it is extremely difficult for women and midwives to utilize and provide woman-centered, respectful, and high-quality care throughout labor and birth. The discussion will examine how these experiences affect maternity care, contribute to the larger body of literature, and provide solutions to the problems that have been found. Through comparisons to the body of literature on maternal care experiences around the world, the insights gleaned from this analysis offer a greater understanding of the intricacies of facility-based birth.

In order for women to anticipate high-quality care during childbirth, respect and dignity are crucial, as demonstrated by the findings of this review. For women, a good birth experience requires professional, dignified, and respectful care (Burrowes et al., 2017; Kyaddondo et al., 2017). These findings are consistent with previous research in other sub-Saharan African countries (Afulani et al., 2018; Dhakal, Creedy, Gamble, Newnham & McInnes, 2022) which highlighted that no woman should receive care that is not person-centered and respectful. According to Downe (2019), in order to maximize the quality of maternity care, human interactions must be improved. By engaging in a dialogue and providing emotional support, midwives should constantly work to establish and preserve positive relationships with the women they are caring for (Olza et al., 2018). Investments in the relationships between women and providers are thought to be essential to improving the quality of care; simple-to-change actions, such as midwives introducing themselves to laboring women, are signs of high-quality care (Hughes et al., 2022). Additionally, the review findings emphasize the need for both physical and emotional support, as well as the part that skilled, caring healthcare professionals play in guaranteeing successful birth outcomes (Afaya et al., 2017; Mantula et al., 2023). Women's views of quality care were significantly influenced by the presence of competent, experienced staff in all of the studies. This supports the universal agreement that lowering maternal ill health and death requires sufficient healthcare manpower and resources (WHO, 2016). It is important to highlight, nevertheless, that a large number of the women in these studies felt pressured to pay extra for services or to guarantee receiving quality care (Kyaddondo et al., 2017). This illustrates a recurring issue in many communities with limited resources, where health system flaws result in out-of-pocket costs that exacerbate disparities in access to care.

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Another common element across the studies was the occurrence of abuse and disrespectful care during childbirth. Verbal and physical abuses were common in multiple settings, leading to women's distressing birth experiences (Ahmed et al., 2023; Burrowes et al., 2017). These findings are supported by a study conducted in Tanzania in which verbal and physical abuses were reported (Shimoda, Horiuchi, Leshabari & Shimpuku, 2018). Studies show that no expectant mother or birth companion should receive care that is not respectful or person-centered (Dhakal et al., 2022; Nigusie et al., 2022). Midwives and other healthcare professionals can benefit from pre-service curriculum and in-service training, which promotes RMC practice (Mihret, Atnafu, Gebremedhin & Dellie, 2020), and hence improved quality of care. The power disparities between women and healthcare professionals are reflected in the women's accounts of non-consensual care, denied the choice of companion, and not involved in decision making regarding their care during labor and birth. These findings are in line with a previous Meta synthesis around the globe (Shiindi-Mbidi, Downing & Temane, 2023). The absence of the preferred companion was ascribed to structural and cultural obstacles. Largely, this research emphasizes the necessity of a more patient-centered strategy that includes lowering bottlenecks to support, honoring personal preferences, and fostering a culturally aware healthcare setting. These suggested strategies are in line with WHO's recommendations on intrapartum care for a positive birth experience (WHO, 2018). Additionally, due to cultural and gender conventions as well as the low level of female empowerment in LMICs, women may be expected to play a passive role in active decision making during childbirth (Bohren, Tunçalp & Miller, 2020). Thus, we support women's access to competent midwives who can advocate for women's rights in the healthcare system and who recognize the importance of making informed decisions (Renfrew et al., 2014).

Midwives' perspectives were captured in the current findings. Understanding the dynamics of care delivery requires appreciating midwives' experiences. Midwives frequently feel caught between their professional ethics and the realities of their workplace, where they must make concessions in the care they offer (Bradley et al., 2019; Jiru & Sendo, 2021). Burnout, low morale, and poor performance are caused by these conflicts between systemic constraints and professional goals. Enhancing maternal outcomes primarily depends on providing compassionate care, having effective communication skills, and being able to build trustworthy connections with women (Hastings-Tolsma et al., 2021; Jiru & Sendo, 2021). Midwives, who have access to resources and continuous training, as well as strong support in their professional positions, are better equipped to deliver compassionate, high-quality care. Understanding midwives' experiences and enacting structural adjustments to enhance working conditions and lessen the systemic pressures that cause burnout are both necessary to address these issues.

Challenges like a lack of resources, drugs and sundries; inadequate healthcare infrastructure; and provider training were commonly mentioned as things that made it difficult to offer high-quality care (Bradley et al., 2019; Jiru & Sendo, 2021; Kyaddondo et al., 2017). These findings are supported by previous studies (Carter et al., 2019; Cerf, 2021; Garthus-Niegel et al., 2013; Kassebaum et al., 2016; Perry et al., 2017) which highlight the way systemic issues, including inadequate provider training, a lack of funding, and poor infrastructure, make it difficult to improve maternal healthcare systems in impoverished countries. Midwives' work environment and resource limitations have been consistently noted as parameters that impact their capacity to

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provide competent and compassionate care. Current findings highlight that midwives, while striving to provide good care, often found their professional autonomy and capacity compromised by these systemic barriers. This finding is echoed in the previous work in the Democratic Republic of Congo (Bogren, Grahn, Kaboru & Berg, 2020) where inadequate conditions in the workplace, including the subcategories of inadequate work-related security and an unequal pay system within hierarchical management structures, inadequate equipment and resources, as well as a lack of expertise, result in challenging working conditions.

IMPLICATIONS FOR POLICY AND PRACTICE

Several significant policy and practice implications are indicated by the reviewed studies. Firstly, it is evident that health systems must be strengthened to overcome the resource-related and structural obstacles that lower the standard of intrapartum care. Enhancing the quality of care and women's satisfaction during childbirth requires investments in staff education and training, improved working conditions, and the supply of sufficient resources, including pain management alternatives. Secondly, women's voices must be given priority when it comes to providing care. This priority involves making certain that during labor and birth, women's cultural values, preferences, and right to make choices that are informed are upheld.

Thirdly, to improve maternity care and decrease disrespectful behaviors, it is essential to create culturally responsive care models that include shared decision-making.

Fourthly, to overcome the systemic issues that lead to disrespectful care, it is imperative that gender power relations within the healthcare system be addressed. Reducing abuse and guaranteeing that women are treated with dignity during the birth process may be greatly aided by educating healthcare professionals on the value of empathy and respectful maternity care.

CONCLUSION

The findings of this review highlight the significance of competent, respectful, and culturally aware care as being essential to satisfying birth experiences. Although the studies point to important obstacles including abuse, a lack of resources, and cultural sensitivity, they also suggest ways to improve care and ways of working, such as improving midwifery education, fortifying healthcare systems, and promoting equal opportunity for women in the delivery of care. The results highlight the particular contextual difficulties experienced by mothers and midwives in sub-Saharan Africa, while still being in line with worldwide trends in maternity care. To ensure that all women receive the considerate, high-quality care they are entitled to, addressing these issues calls for both institutional healthcare reforms and adjustments to the way care is provided.

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