

Commentary

Evaluating the effectiveness of m-health intervention to address respectful maternity care: a reflection on a tragic incident and its broader implications

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INTRODUCTION

A recent tragic incident that recently unfolded at a community health centre in Mainpuri, Uttar Pradesh, starkly highlights the significant gaps in providing compassionate and respectful maternity care in India's public health system. In this case, a newborn tragically lost his life due to a nurse's alleged demand for a "neg" (customary tip), which delayed essential care and left the newborn unattended for 40 minutes. This incident not only exposes corruption within certain healthcare settings but also underscores the need for systemic changes that prioritize respect, dignity, and care for pregnant women and their newborns (Singh).¹⁻³

This incident strongly resonates with the core issues of respectful maternity care that my ongoing PhD research, titled "evaluating effectiveness of m-health intervention to address respectful maternity care in pregnant women seeking care at public hospital" seeks to address. According to world health organization (WHO), RMC ensures that women receive dignified, private, informed, and compassionate care throughout their pregnancy and delivery (WHO 2017).^{4,5} However, incidents like this one in Mainpuri demonstrate how corruption, delays in care, mistreatment and no respectful maternity care continue to challenge the realization of this vision in rural healthcare facilities across India.

The incident also reflects key challenges addressed in my PhD research, such as disrespect, neglect, lack of informed consent, and discrimination that many women experience in the public healthcare system. These gaps in RMC are precisely the barriers my research aims to overcome. Through the development of an m-health intervention, my study seeks to mitigate these issues by empowering pregnant women to receive timely, respectful care and fostering accountability among healthcare workers.

RELEVANCE OF MY RESEARCH TO THE INCIDENT

Addressing corruption and delay in care

The Mainpuri incident shows how financial corruption can lead to fatal delays in healthcare delivery. My research proposes the implementation of RMC intervention that provides real-time support and communication between pregnant women and healthcare providers. This intervention, based on a human-centered design approach, will enable pregnant women to access respectful and timely maternity care without falling victim to bribery or coercion for services that should be provided free of charge (Bhuiya et al).¹

Improving communication and accountability

One of the key components of my m-health intervention is to foster better communication between healthcare providers and patients. In the Mainpuri incident, a delay in notifying the family of the newborn's deteriorating condition led to an irreversible tragedy. My research aims to prevent such delays by implementation of RMC that improve communication, ensuring that healthcare providers are promptly informed and can act on the needs of patients without unnecessary bureaucratic or financial barriers (Peters et al).²

Ensuring respectful and responsive care: the person-centered maternity care scale

Used in my research evaluates the provision of respectful care based on criteria such as informed consent, timely communication, and the absence of discrimination. In this tragic incident, the family's inability to pay the demanded bribe led to disrespectful treatment and a lack of urgency in addressing the newborn's critical condition. My study seeks to ensure that RMC is upheld as a standard practice in government hospitals by providing women with accessible digital tools to report mistreatment and demand accountability.

Empowering pregnant women

The tragedy also highlights the helplessness experienced by families in rural and underserved regions when faced with corrupt and insensitive healthcare providers. My research aims to empower pregnant women by providing them with the knowledge and tools to demand respectful care throughout their maternity journey.

Through m-health interventions, women will have greater agency in navigating the healthcare system, ensuring that incidents like this one, where financial demands overshadow the needs of the patient, become less common.

Piloting RMC interventions in public hospitals

The context of my research, based in Kushinagar, Uttar Pradesh, shares similarities with the healthcare environment in Mainpuri. Both regions face challenges related to resource constraints, staff shortages, and systemic corruption. By piloting the m-health intervention in government hospitals, my research will generate evidence on the effectiveness of digital health tools in improving the quality of care and reducing instances of disrespect and neglect in maternity wards.

FUTURE IMPLICATIONS AND BROADER IMPACT

My study holds the potential to directly address and prevent tragedies like the one in Mainpuri by promoting respectful maternity care (RMC) through innovative

digital solutions. As India continues to push for universal healthcare and the achievement of sustainable development goal (SDG) 3.2-reducing maternal and newborn mortality-incidents such as this are grim reminders of the work that remains. My research is positioned to make a significant contribution to this effort by piloting scalable, evidence-based interventions that can transform the care experience for pregnant women in India's public hospitals.

By identifying the barriers to RMC and piloting an intervention tailored to the needs of pregnant women in rural settings, my study aims to develop solutions that can be replicated and scaled across other regions in India. This research also emphasizes the role of technology in ensuring timely, transparent, and respectful care, ensuring that no family suffers the same fate as the family in Mainpuri.

In conclusion, the loss of a newborn due to delayed care and financial demands underscores the urgency of addressing systemic corruption, improving accountability, and ensuring that every woman receives the dignified, respectful care she deserves during childbirth.

My PhD research is a step toward achieving this vision, with the hope that future healthcare interventions will help eradicate such tragic incidents and build a more compassionate, equitable healthcare system.

IMPLEMENTATION AT GROUND LEVEL

Implementing the proposed m-health intervention at the ground level involves several key steps:

Stakeholder engagement

Healthcare providers: Engage with doctors, nurses, and other healthcare staff to ensure they understand the importance of RMC and how the m-health intervention can support their work.

Pregnant women and families: Educate pregnant women and their families about the benefits of the m-health intervention and how to use it effectively.

Government and policy makers: Collaborate with government officials and policymakers to secure support and funding for the intervention.

Training and capacity building

Healthcare staff training: Conduct comprehensive training sessions for healthcare providers on using the m-health tools, understanding RMC principles, and addressing corruption and delays in care.

Community education programs: Organize workshops and informational sessions for pregnant women and their

families to familiarize them with the m-health platform and its features.

Feedback mechanisms: Establish channels for receiving feedback from users and healthcare providers to continuously improve the platform.

Impact assessment: Conduct regular evaluations to measure the impact of the intervention on RMC practices and maternal and newborn health outcomes.

BENEFITS OF THE RMC IMPLEMENTATION

This intervention empowers pregnant women by providing them with the knowledge and tools to demand respectful care. Respectful care encourages more women to choose facility-based deliveries over home births, which can reduce complications and improve maternal and newborn health.

Reduction in maternal mortality

By ensuring that pregnant women receive dignified, timely, and respectful care, RMC can significantly reduce maternal mortality rates. This is particularly important in states with high maternal mortality ratios.

Reduction in newborn mortality

Respectful care practices, such as timely interventions and proper communication, can prevent many newborn deaths caused by delays and neglect.

Standardization of care

Implementing RMC helps standardize care practices across healthcare facilities, ensuring that all women receive high-quality care regardless of their location or socio-economic status.

Patient satisfaction

Women who receive respectful and compassionate care are more likely to report higher satisfaction with their healthcare experience, which can lead to increased trust in the healthcare system.

Empowerment of women

RMC empowers women by ensuring their rights are respected and their voices are heard, leading to greater gender equality and social empowerment.

Economic productivity

Healthier mothers and newborns contribute to a more productive workforce, which can have positive economic impacts for the state (Vian).⁴

Achievement of SDGs

Implementing RMC aligns with the SDGs, particularly SDG 3, which aims to ensure healthy lives and promote well-being for all at all ages. This can enhance the state's reputation and attract international support and funding.

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