

Original Research Article

Effectiveness of an educational intervention to increase knowledge of respectful childbirth in undergraduate nursing students

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Abstract

Objective: To analyze the effectiveness of an educational intervention to increase knowledge of Respectful Childbirth among undergraduate nursing students.

Materials and Methods: A quasi-experimental study was conducted with second- to sixth-semester undergraduate nursing students. Sociodemographic data were collected, and three theoretical-practical sessions were held. Statistical analysis was performed using STATA; descriptive statistics included means and percentages, and inferential statistics included the chi-square.

Results: 50% of the students are dedicated to studying and 50% of them to studying and work. The pretest showed a score of 5.26 with SD 20.4, the posttest 9.46, SD 9.1. Regarding respectful childbirth, the score was 3.8 SD 2.6 with a posttest 9.6 SD 1.09. In the area of pregnancy, the initial score was 7.9 SD 2.11 and the final score 9 with SD 1.68. In labor, the scores were 7.8 and 9.6 respectively with SD 2.57 at the beginning and SD 1.01 at the end. In breastfeeding, the scores were 7.1 and 9.4 SD of 3.4 and 1.3 respectively, for postpartum 4.6 and 9.4, SD 3.4 and 1.3 respectively, and finally, perinatal psychoprophylaxis 0.36 and 9.68 SD of 0.87 and 0.84 respectively. This indicates a significant difference in each of the assessments, as well as in knowledge.

Conclusions: The educational intervention showed a significant difference and increased students' knowledge, as well as their concern for respecting women during childbirth, the implementation of dynamic and interactive strategies for students, and the restructuring of academic programs for nursing professionals.

Keywords: Childbirth, Respectful Childbirth, Pregnancy, Perinatal Psychoprophylaxis, Breastfeeding.

Introduction

For many years, childbirth has been managed according to established protocols in hospitals. Women have been viewed as patients who must be cared for in a single position, with actions that might facilitate the descent of the fetus or the bond between mother and child being discouraged, while cesarean sections have been prioritized and adopted as routine practice in childbirth care. As mentioned, it represents a normalized exercise of obstetric violence. The testimonies in her article highlight a cycle of medicalizing interventions and various forms of abuse that amount to a systematic violation of women's human rights. Prado notes that obstetric violence is linked to strategies of power and control over women's bodies, grounded in biomedical thinking that frames childbirth as a pathological, risky, and uncontrollable event [1].

However, although sexual and reproductive rights are recognized by the Inter-American Commission on Human Rights, obstetric violence persists, along with an increase in cesarean sections and a failure to respect the decision of the woman and her partner regarding how to give birth, provided that the pregnancy is without risk.

Internationally, attention has been drawn to the importance of respecting sexual and reproductive rights, recognizing sexual and reproductive health as an integral part of human rights; however, there continues to be a tendency toward practices that contribute to obstetric violence and misinformation regarding respectful childbirth care [2].

In its recommendations on childbirth care, the WHO states that during childbirth, the woman is the central figure and that her care must be respectful, emphasizing freedom of movement during labor, pain management using non-invasive techniques, allowing the woman to choose the position in which she feels most comfortable and safe to give birth to her child, and ensuring she is accompanied at all times by a trusted person so she feels secure, among many other measures. However, while for some women and their partners, motherhood is a unique and unparalleled experience, for many others it is a source of obstetric violence [3].

On the other hand, patriarchal society has established a series of norms and expectations between men and women that have created a kind of subordination in which all manner of violent practices are carried out, ranging from verbal abuse to physical abuse, normalized by a series of institutionalized practices that strip women of control over their own bodies, transforming them into scientific subjects that construct new discourses which communicatively encourage gender-

based violence during labor [4].

In general terms, various academic studies in Mexico highlight the existence of a pathologizing form of obstetric care within the Mexican healthcare system; but the failure to recognize women's rights and the lack of empathy have led the system to increase unnecessary cesarean sections, routine episiotomies, restrictions on mobility, and the requirement to remain in a single position all justified based on knowledge of insufficient scientific value [5].

Therefore, the importance of providing dignified care and treatment during childbirth lies in the benefits that both the woman, her child, and her partner will derive from it; consequently, since 2000, public policies have been developed to promote humanized childbirth. In Brazil, the Prenatal Humanization Program was created, whose policies promote access to obstetric and gynecological care, as well as the reorganization of health departments to offer mothers multidisciplinary childbirth support that addresses any need. [6] Another example is Ecuador, which has established the MaCFHF (Mother and Child-Friendly Health Facilities) regulations, setting guidelines for the certification of health facilities providing maternal and neonatal care. The goal is to improve the quality of care, promote humanized childbirth, and encourage breastfeeding, thereby contributing to the reduction of maternal and neonatal morbidity and mortality. [7]

Similarly, in Mexico, models of care for women during pregnancy, childbirth, and the postpartum period were developed, as well as humanized childbirth, the model of obstetric psychoprophylaxis education, and the Baby-Friendly Hospital Initiative, among others. Efforts have been made to incorporate these models into hospitals, and they have received favorable responses from healthcare personnel; however, establishing this type of care has not been easy, as unnecessary cesarean sections continue to be performed [8].

The World Health Organization (WHO) defines Respectful Childbirth as care organized to provide all women with services that uphold their dignity, privacy, and confidentiality; are free from harm and abuse; and allow for informed choice and continuous emotional support from a companion of their choice during labor and delivery [9].

Respectful Childbirth also refers to the recognition of the rights that women and newborns have at birth, including during pregnancy and the postpartum period, and humanization refers to the process of re-examining and restoring the principles and values inherent to human beings simply by virtue of being people, and putting them into practice during childbirth care [9].

With regard to humanized or respectful care during childbirth, it is described as a model of childbirth care that takes into account the opinions, needs, and emotional well-being of the woman and her family, placing her at the center of her own childbirth experience. [9].

From the global to the local level, there is a legal framework that supports humanized childbirth, as established in the first article of the Universal Declaration of Human Rights, which states: "All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood." In this context, humanized childbirth offers the tools to foster fraternal behavior among the mother, her family, and the nursing staff. [10]

The World Health Organization (WHO) emphasizes that this should be an "experience of care"; for this reason, it suggests ensuring quality care during labor, delivery, and the postpartum period, thereby achieving better outcomes centered on the woman and her family. This includes giving birth to a healthy baby in a safe clinical and psychological environment, with the emotional support of a partner and kind, technically competent clinical staff. This concept takes into account that most women desire a physiological labor, to feel capable of bringing their child into the world, and to have control over their bodies through participation in decision-making, including when medical interventions are needed or desired, so they can be active participants in that moment [11].

In light of these observations, in February 2018, the WHO issued fifty-six recommendations for Respectful Childbirth care, which are aimed not only at reducing unnecessary interventions but also at improving women's experiences, empowering them to make decisions during labor and delivery, and humanizing the process. [11].

Therefore, Respectful Childbirth recognizes that all women have the right to experience childbirth as a personal and positive event. For this reason, several hospitals in some countries are implementing the practice of Respectful Childbirth, as it is part of the laws concerning women's right to dignified and respectful care during pregnancy, childbirth, postpartum, and newborn care, intending to standardize this model of care in all hospitals worldwide. [12].

For this reason, the goal is for students to gain knowledge about Respectful Childbirth in their classrooms and through their educational programs. This care system aims to support the woman, her child, and/or her partner at all times to achieve a successful childbirth experience and promote the benefits of the parent-child

bond; Therefore, the aim is to analyze the effectiveness of an educational intervention to increase knowledge of Respectful Childbirth among undergraduate nursing students.

Materials and Methods

A quantitative study was conducted using a quasi-experimental design with 50 students in their second through sixth semesters of the Bachelor of Nursing program. located in Pachuca, Hidalgo, among students in their 2nd, 3rd, 5th, and 6th semesters of the Bachelor of Nursing program in 2024. The sampling was non-probabilistic and based on the inclusion characteristics...

Sampling method

The sampling was non-probabilistic and based on the inclusion of consecutive cases, as the students selected were those who were available at the time to participate in this research study.

Statistical analysis

Data were entered into the statistical software STATA 18. For descriptive statistics, means and percentages were used, and for inferential statistics, the chi-square test was used to compare the results obtained.

Inclusion criteria

- Regular students enrolled at ATENEO University in Humanities and Health Sciences, Pachuca, Hidalgo.
- Students are currently enrolled in the 2nd, 3rd, 5th, or 6th semester of the Bachelor of Nursing program.
- Students who have signed the informed consent form.
- No gender distinction

Exclusion criteria

- Students who have previously attended a course on respectful childbirth.
- Students are currently enrolled in a different semester.

Elimination criteria

- Incomplete pre-test information.
- Students who do not attend at least 90% of the educational program's sessions.
- Students who decide to withdraw from the program.

The study was submitted for review to the Ethics and Research Committee of the Institute of

Table 1. Demographic characteristics of the study population by school year.

Features	General population	Semester 2	Semester 3	Semester 5	Semester 6
Survey population	50 (100%)	15 (30%)	14 (28%)	10 (20%)	11 (22 %)
Age	25.5 SD: 6.3	23.4 SD: 3.9	23.2 SD: 4.5	27.3 SD: 7.8	29.8 SD: 7.3
Sex					
Women	40 (80%)	14 (93.3%)	9 (64.29%)	7 (70%)	10 (90.9%)
Men	10 (20%)	1 (6.67%)	5 (35.71%)	3 (30%)	1 (9.09%)
Marital status					
Single	39 (78%)	11 (73.33%)	12 (85.71%)	8 (80%)	8 (72.73%)
Married	9 (18%)	3 (20 %)	2 (14.29%)	2 (20%)	2 (18.18%)
Cohabitation	2 (4%)	1 (6.67%)	0	0	1 (9.09%)
Ocupación					
Study	25 (50%)	8 (53.33%)	9 (64.29%)	3 (30%)	5 (45.45%)
Study and work	25 (50%)	7 (46.67%)	5 (35.71%)	7 (70%)	6 (54.55%)
Prior training	0	0	0	0	0

Health Sciences, UAEH, which issued a favorable opinion under official document number 226/2024.

Evaluation method

The study was approved by the Nursing Coordination Office at ATENEO University. Before implementing the intervention program, an initial meeting was held with the Coordinator of the Bachelor of Nursing program, followed by meetings with students from each semester. During these meetings, the objectives, methodology, and benefits of the project were explained to the students, who then signed the informed consent form along with their witnesses. In addition, during the same meeting, the sociodemographic data collection form—which is part of the pretest administered before the intervention—was administered to the students. See Appendix 3.

Assessment tool

To assess the level of knowledge regarding Respectful Childbirth, a questionnaire was designed and evaluated by experts. It utilized a Likert scale, which ensured that students provided responses reflecting their understanding of the topic. To assess the validity of the instrument, an expert review was conducted to evaluate its relevance, determining whether the questionnaire is appropriate for the study's objective, as well as its wording, to assess the quality of the questions' phrasing, language, which includes assessing the comprehensibility of the questions; face validity, to determine whether the questionnaire measures what its research objective actually intends to measure; and content, which involves evaluating all elements included in the questionnaire to ensure they fall within the scope of the subject under study. Corrections were made based

on the evaluation of the instrument and the scientifically grounded observations provided by the expert panel; The professionals who evaluated the instrument held a Bachelor's degree in Nursing as their primary qualification, with specializations in Perinatal Nursing at the Master's and Doctoral levels; they are considered experts in the field as they have dedicated their studies and work to Respectful Childbirth care, prenatal education, and nursing instruction.

The instrument was divided into two dimensions. The first dimension included personal information, with seven items to be answered, such as name, student age, gender, marital status, semester, phone number, and whether the student had received training on Humanized Childbirth. The second dimension assessed the student's level of knowledge regarding Respectful Childbirth, which consisted of six categories and 19 questions classified according to each category: background, respectful childbirth, pregnancy, labor, breastfeeding, postpartum period, and perinatal psychoprophylaxis.

Subsequently, a pilot study was conducted, which involved administering the questionnaire to nursing students, with authorization obtained from the nursing department of another university.

Educational intervention

A coursework program was designed using a constructivist approach and divided into six thematic areas. Three virtual educational sessions were held, each lasting 480 minutes, which were delivered to students in their 2nd, 3rd, 5th, and 6th semesters of the Bachelor of Nursing program at University of Hidalgo Mexico. These students took a pretest before the sessions began; during the sessions, students were assessed on

six key points and completed a post-test questionnaire to evaluate their level of knowledge regarding Respectful Childbirth. The score for each question allows for the classification of the student’s knowledge regarding Respectful Childbirth care.

Results

The student population at this institution consisted of 56 students enrolled in the 2nd, 3rd, 5th, and 6th semesters of the Bachelor of Science in Nursing program; however, 50 students met the inclusion criteria. The following table shows the demographic characteristics of the participants.

It should be noted that a total of 56 students participated, 2 of whom dropped out due to work commitments, 3 did not achieve 90% attendance, and 1 had already been exposed to information about Respectful Childbirth at a clinic in Mexico City. Therefore, they were excluded from the study in accordance with the exclusion and elimination criteria. The 50 students in the study had no prior knowledge of the subject and were therefore admitted to the educational intervention.

The following table shows the results of the participants’ pre- and post-tests:

Table 2. Pre- and post-test evaluation in the study population.

Diagnosis	Rating	Standard deviation
Pre-exam	5.26	20.4
Post-exam	9.46	9.1
Significance	P<0.05	P<0.05

In the analysis of student assessment, the first test yielded a score of 5.26 with a standard deviation of 20.4, while the final test yielded a score of 9.46 with a standard deviation of 9.1. Therefore, there is statistical significance in each of the two pre- and post-intervention assessments regarding knowledge of Respectful Childbirth.

Below is a comparison of the tests administered by area of knowledge according to the assessment instrument:

The following table shows the results by semester and subject area in the category of historical background of childbirth:

The following table shows a comparison of pre- and post-tests on knowledge of the topic of “Pregnancy” by grade level:

The following table shows a comparison of pre- and post-test scores by grade level and subject area for the topic “Labor”:

The following table shows the pre- and post-test comparison by grade level and subject area for the topic “Breastfeeding”:

The following table shows a comparison of pre- and post-test scores by grade level and subject area for the topic “Postpartum Period”:

Table 3. Comparison of pre- and post-tests by subject area.

Examination	Medical History Rating	Pregnancy Rating	Labor Rating	Breastf- -eeding Rating	Post- -partum Rating	Prenatal Psycho- -prophylaxis Rating
Initial	3.8 DE: 2.6	7.93 De: 2.11	7.8 DE: 2.57	7.1 DE: 3.4	4.6 DE: 5.03	.36 DE: .87
Final	9.6 DE: 1.09	9 DE: 1.68	9.6 DE: 1.01	9.4 DE: 1.3	9.4 DE: 2.39	9.68 DE: .84
Significance	P<0.05	P<0.05	P<0.05	P<0.05	P<0.05	P<0.05

Table 4. Comparison of pre- and post-test results from the educational intervention on knowledge, by school year and subject area, in the category of historical background of childbirth

Background rating	Semester 2	Semester 3	Semester 5	Semester 6
Initial	4.7 De: 2.25	1.42 De: 1.71	4 De: 1.4	3.06 De: 2.3
Final	8.5 De: 1.38	9.76 De: .89	9.6 De: 1.05	9.6 De: 1.0
Significance	P<0.05	P<0.05	P<0.05	P<0.05

Table 5. Comparison of pre- and post-tests by school term and subject area in the pregnancy category.

Pregnancy Rating	Semester 2	Semester 3	Semester 5	Semester 6
Initial	7.5 SD: 1.97	6.1 SD: 1.78	9.3 SD: 1.40	9.3 SD: 1.34
Final	8.6 SD: 2.10	8.8 SD: 1.65	9.3 SD: 1.40	9.3 SD: 1.34
Significance	P<0.05	P<0.05	P<0.05	P<0.05

Table 6. Comparison of pre- and post-test scores by grade level and subject area in the “Labor” category.

Grade labor	Semester 2	Semester 3	Semester 5	Semester 6
Initial	6 SD: 2.87	7.14 SD: 2.20	9.6 SD: 1.05	9.3 SD: 1.34
Final	9.55 SD: 1.17	9.5 SD: 1.21	10 SD: 0	9.6 SD: 1.00
Significance	P<0.05	P<0.05	P<0.05	P<0.05

Table 7. Comparison of pre- and post-test scores by grade level and subject area in the breastfeeding category.

Breastfeeding grade	Semester 2	Semester 3	Semester 5	Semester 6
Initial	5.5 SD: 3.43	4.6 SD: 2.91	10 SD: 0	9.7 SD: 0.75
Final	9.5 SD: 1.40	9.2 SD: 1.52	9.5 SD: 1.58	9.5 SD: 1.01
Significance	P<0.05	P<0.05	P<0.05	P<0.05

There have been significant improvements in knowledge regarding the subject area in the Postpartum category.

The following table shows a comparison of pre- and post-course knowledge levels for the subject area “Perinatal Psychoprophylaxis”:

It was observed that the students lacked knowledge regarding prenatal education for childbirth preparation, and that this was taken into account.

Discussion

Given the need for pregnant women and their families to experience a respectful childbirth and for their rights to be upheld, it is necessary to discuss key aspects regarding students’ knowledge of respectful childbirth. First, the study design implemented aims to increase students’ knowledge of the subject. In 2023, Cárdenas demonstrated that attention should be focused on educating students about Respectful Childbirth, as well as on their learning to bring about a change in patient care. These findings support the situation that motivates nursing students to bring about change and provide care in an empathetic and respectful manner by addressing women by name, supporting labor with words of encouragement, and employing various pain management techniques [13].

Therefore, the findings regarding the implementation of an educational intervention confirm that it is of utmost importance for students to increase their knowledge of respectful childbirth and adapt their clinical practice accordingly [14] [15]. This underscores the importance of developing an educational intervention for nursing staff, ensuring that pregnant women are cared for by nurses with knowledge of respectful childbirth to provide better care [16] [17]. Similarly, it is recognized that an educational intervention is the cor-

nerstone of good nursing care practice; research on childbirth knowledge focuses on students to ensure they provide quality care [18] [19]. It was also demonstrated that students’ knowledge increases based on a sound educational framework, such as an educational intervention, although it is true that ongoing training contributes to the increase in students’ knowledge, abilities, and skills. Therefore, a perinatal education program demonstrated that it is necessary to improve students’ attitudes toward childbirth to enhance women’s experiences and prevent childbirth-related trauma; current training in perinatal care lacks a comprehensive and biopsychosocial perspective that improves the quality of clinical practice during childbirth [20]. Based on the results of pre- and post-tests administered to assess the knowledge level of undergraduate nursing students, as well as the implementation of a workshop course, it is evident that the students increased their understanding of Respectful Childbirth, leading them to change their perspectives regarding respectful care for women and their partners and/or families. Following this line of reasoning, a significant effect was evident in increasing the level of knowledge among healthcare personnel, indicating that educational interventions are effective not only because of the body of knowledge provided by the trainer but also because of the collective learning contributed by each participant. In this study, the activities generated a positive change in the participants, which will be shared among professionals, fostering acceptance and improving the quality of care for newborns in neonatal intensive care units [21]

Conclusion

The educational intervention demonstrated a significant difference and increased students’ knowledge, as well as their commitment to respecting women in labor, implementing dynamic and interactive strategies, and restructuring academic programs for nursing professionals.

Within the framework of respectful childbirth, the role of registered nurses is essential, particularly in public clinical settings where negligence or a lack of respect for the labor process may occur, which could constitute a violation of human, sexual, and reproductive rights. Therefore, registered nurses must educate women throughout their pregnancy, childbirth, and postpartum period, specifying the procedures to be followed and providing relaxation techniques to alleviate pain, thereby promoting relaxation for pain relief. This helps maintain freedom of movement, encourages the presence of a support person, facilitates finding the best position for delivery, monitors the condition of

Table 8. Comparison of pre- and post-test scores by grade level and subject area in the postpartum period category.

Postpartumgrade	Semester 2	Semester 3	Semester 5	Semester 6
Initial	1.3 SD: 3.51	0 SD: 0	10 SD: 0	10 SD: 0
Final	8.6 SD: 3.51	9.2 SD: 2.67	10 SD: 0	10 SD: 0
Significance	P<0.05	P<0.05	P<0.05	P<0.05

Table 9. Comparison of pre- and post-tests by school term and subject area in the perinatal psychoprophylaxis category.

Perinatal Psychoprophylaxis Grade	Semester 2	Semester 3	Semester 5	Semester 6
Initial	0 DE: 0	0 DE: 0	1.4 DE: 1.34	0.36 DE: 0.80
Final	10 DE: 0	9.4 DE: 1.22	9.8 DE: .63	9.4 DE: 0.93
Significance	P<0.05	P<0.05	P<0.05	P<0.05

the mother and baby, the couple, and the family, promotes interdisciplinary collaboration, and streamlines procedures in case of complications. Education on Respectful Childbirth represents a cost-effective tool for preventing complications during childbirth, thereby contributing to the reduction of maternal and perinatal mortality in the country and worldwide; it also offers benefits in labor care, improving the quality of life for the mother, father, and their family.

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Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

Artificial Intelligence

The authors declare that no artificial intelligence was used in any of the sections.

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