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RESEARCH ARTICLE

General Obstetrics

Is care of stillborn babies and their parents respectful? Results from an international online survey

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Abstract

Objective: To quantify parents' experiences of respectful care around stillbirth globally.

Design: Multi-country, online, cross-sectional survey.

Setting and population: Self-identified bereaved parents (n = 3769) of stillborn babies from 44 high- and middle-income countries.

Methods: Parents' perspectives of seven aspects of care quality, factors associated with respectful care and seven bereavement care practices were compared across geographical regions using descriptive statistics. Respectful care was compared between country-income groups using multivariable logistic regression.

Main outcome measures: Self-reported experience of care around the time of stillbirth.

Results: A quarter (25.4%) of 3769 respondents reported disrespectful care after stillbirth and 23.5% reported disrespectful care of their baby. Gestation less than 30 weeks and primiparity were associated with disrespect. Reported respectful care was lower in middle-income countries than in high-income countries (adjusted odds ratio 0.35, 95% CI 0.29–0.42, $p < 0.01$). In many countries, aspects of care quality need improvement, such as ensuring families have enough time with providers. Participating respondents from Latin America and southern Europe reported lower satisfaction across all aspects of care quality compared with northern Europe. Unmet need for memory-making activities in middle-income countries was high.

Conclusions: Many parents experience disrespectful care around stillbirth. Provider training and system-level support to address practical barriers are urgently needed. However, some practices (which are important to parents) can be readily implemented such as memory-making activities and referring to the baby by name.

KEYWORDS
bereavement, experience of care, global, quality of care, respectful care, stillbirth, survey

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Linked article: This article is commented on by Susannah H. Leisher, pp. 1741-1742 in this issue. To view this minicommentary visit https://doi.org/10.1111/1471-0528.17157.

Abbreviations: ANC, antenatal care; aOR, adjusted odds ratio; CI, confidence interval; HIC, high-income country; LMIC, low- or middle-income country; MIC, middle-income country; OR, odds ratio; WHO, World Health Organization.

Tweetable abstract: One in four experience disrespectful care after stillbirth. Parents want more time with providers and their babies, to talk and memory-make.

1 | INTRODUCTION

The World Health Organization (WHO) envisages a world where 'every pregnant woman and newborn receives quality care'.[1] The past decade has seen some reductions in stillbirth rates globally,[2] but many countries lag behind the Every Newborn Action Plan target of 12 or fewer stillbirths per 1000 births by 2030.[3] Ensuring provision of high-quality, respectful maternity care where women feel safe and motivated to attend[4] is one mechanism for achieving this goal.[5] Facility-based care attendance can be compromised by disrespect; women are dissuaded and may dissuade others from seeking essential care.[6]

Ethically, all women and their families have a right to be treated with respect and dignity while accessing health care.[7] Respectful care[8] is defined by the WHO as care provided 'in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labour and childbirth'. Identifying objective measures of dignity and respect is challenging; respectful care requires adaptation to cultural norms and individual preferences and is based on expectations and awareness of rights.[9]

Stillbirth is a catastrophic event, potentially causing long-term negative consequences for parents, siblings, wider family and communities; psychological symptoms, isolation, substance misuse, chronic pain, employment difficulties and financial debt.[10] These adverse outcomes are magnified in parents unsupported by health professionals and their community, and whose grief is exacerbated by stigma.

Two systematic reviews have sought to examine respectful care around stillbirth.[11,12] The RESPECT study built on these two reviews and, through consensus of expert and healthcare providers, identified eight fundamental principles of high-quality perinatal bereavement care including to 'provide respectful maternity care to bereaved women, their families, and their babies'.[13]

Providing parents with opportunities to engage with their stillborn baby and to create memories, for example holding their baby, introducing to family members, taking photographs and commemorative services, are central to high-quality bereavement care.[10,14] These care practices have been associated with a range of improved longer-term psychosocial outcomes and a more adaptive grieving process.[10,14,15]

This study aims to quantify parents' perceptions of respectful care of themselves and their stillborn baby, comparing geographical regions and identifying factors associated with reporting respectful care. This study also compares care quality during pregnancy and after stillbirth, including the bereavement care practices that parents wanted and what they were offered after their baby was stillborn.

2 | METHODS

2.1 | Data collection

Data were collected through a global, anonymous, voluntary, web-based survey of self-identified parents bereaved by stillbirth, distributed by member organisations of the International Stillbirth Alliance.[16] Relevant sections of the survey are available in Appendix S1.

The data were analysed using STATA 16 (StatCorp, College Statio, TX, USA). The strategy for data analysis was determined prior to any data access.

Other analyses of these data have been published; one which triangulated the perspectives of parents, care providers, and community members[17]; and one which explored parents' experiences in subsequent pregnancies.[18] These data have also been used in analyses that compare high-income countries (HICs) and middle-income countries (MICs).[10,19] These show the variability in parents' experiences after stillbirth and describe where bereavement care practices are offered to parents. However, none of these previous analyses have focused specifically on the experience of respectful care or unmet need for bereavement care practices.

2.2 | Definitions

The WHO definition of stillbirth for international comparison (a baby born without signs of life at ≥1000 g birth weight, ≥28 weeks of gestation, or ≥35 cm body length[20]) is applied inconsistently throughout the world. Therefore, the lowest measure used in HICs of 20 weeks of gestation was used;[21] participants were excluded if the reported gestational age at stillbirth was below this. A flowchart of participant selection can be found in Appendix S2.

Respectful care was defined subjectively, and on the principle that low-quality care is not respectful. Parents were asked if they felt their care was respectful during pregnancy and after stillbirth, and asked about seven aspects of care quality, derived from a review of what women want from maternity care.[17]

Small et al.[22] had previously associated seven aspects of care with quality (Box 1). An additional question was asked regarding care after birth; 'Was your baby treated with kindness and respect?' Each item was rated using a four-point categorical response scale ('always'/'most of the time'/'sometimes'/'never').

Parental access to seven bereavement care practices was explored; whether they had the opportunity to have a funeral, take their baby home, name their baby, create memories and mementoes (for example photographs), see and hold

BOX 1 Key aspects of quality maternity care as described by Small et al.[22]

1. Information provision
2. Time with care providers
3. Involvement in decision-making
4. Understandable communication
5. Being listened to
6. Concerns taken seriously
7. Being treated with kindness and respect

their baby, spend time with their baby and allow friends or family to meet their baby. These seven practices were explored using the options: (A) 'desired and offered', (B) 'desired but not offered', (C) 'not desired but offered', (D) 'not desired and not offered'. Responses A or C were collapsed and categorised as 'received (the care practice)', A or B as 'desired', and option B as having 'unmet need'.

2.2.1 | Coverage of respectful care of parents and their stillborn baby

Each aspect of care quality was converted to binary variables: 'most of the time' or 'always' were categorised as a positive response; 'some of the time' or 'never' were categorised as a negative response.

The associations between respectful care and the following variables were explored: parental age, education status, employment status, time elapsed since stillbirth, gestational age at the time of stillbirth, respondent type (mother or father), and if they had other children before their stillbirth.

Respondents were grouped into either HICs or MICs, using the 2020 United Nations Geographic Regions Classification. The confounding effect of variables on the association between income grouping of country of residence[23] (MIC versus HIC) and respectful care was explored using multivariate logistic regression in a forward stepwise approach (Appendix S3).

Respondent-reported care quality was compared during pregnancy and after stillbirth.

The frequency of positively reporting each aspect of quality care after stillbirth was reported, stratified by the United Nations' geographical regions and compared with northern Europe as the reference group.[24] Northern Europe was the reference group because it was the region with the highest reported quality of care in five of seven aspects.

2.2.2 | Care practices parents wanted and were offered after their baby was stillborn

Descriptive statistics were presented for: desire for, access to and unmet need for each care practice in HICs and MICs. Unmet needs were compared between HICs and MICs.

Results were reported according to the EQUATOR STROBE guidelines for observational studies. Characteristics of the study population and coverage of respectful care practices were reported using descriptive statistics, and associations were assessed using odds ratios (OR) and McNemar's chi-square test of association. Analysis was completed using STATA version 16.

2.3 | Ethical considerations

No identifiable information was collected. Participation was fully voluntary and respondents could exit the survey at any time. Parents were informed of available support services, because of the potential for distress in recalling and relating events.

Ethical approval for the survey was granted by the Mater Health Services Human Research Ethics Committee (reference no. HREC/13/MHS/121).

3 | RESULTS

There were 3769 survey respondents: 3639 mothers and 130 fathers (Table 1) from 44 countries, including 27 HICs (3150 respondents) and 17 MICs (619 respondents) (Appendix S4). Respondents' mean age was 35 years at survey completion. Almost all respondents had completed secondary school; only 67 (1.8%) had not.

Most respondents' babies (71.9%) were stillborn within the preceding 5 years. Non-response to questions varied between 0% and 1.6% and was considered non-important for study findings.

3.1 | Parents' perceptions of respectful care

Overall, 25.4% of parents did not find their care after stillbirth respectful, and 23.5% felt that their baby did not consistently receive respectful care. For both, just over half reported that care was 'always' kind and respectful (52.9% and 57.7%, respectively).

There was no difference in the reporting of respectful care between parents without education beyond secondary school and parents with undergraduate or vocational training (Table 1). However, parents with a postgraduate degree were more likely to report respectful care (OR 1.74, 95% CI 1.37–2.21) compared with parents without education beyond secondary school.

Parents of stillborn infants with gestational ages over 30 weeks were more likely to report respectful care compared with those whose infants were born below 30 weeks (30–37 weeks OR 1.45, 95% CI 1.21–1.74; ≥38 weeks OR 1.43, 95% CI 1.20–1.70).

The association between parental age and likelihood of reporting respectful care was non-linear, but potentially suggests less respectful care at each extreme of age: 76.7%

of parents aged 30–44 years reported respectful care, compared with 69.5% of respondents under 29 years and 69.9% over 45 years. Parents whose baby was stillborn 5 or more years before the survey were less likely to report respectful care than parents whose baby was stillborn more recently (69.0% versus 77%; OR 0.67, 95% CI 0.57–0.79).

Parents were also less likely to report respectful care when this stillbirth was not their first pregnancy. This decreased likelihood was consistent across both parents with living children and parents whose child had died (including previous miscarriage or stillbirth). No difference in reporting respectful care was detected between mothers and fathers.

Compared with parents from HICs, reported respectful care was lower for parents from MICs (OR 0.37, 95% CI 0.30–0.44). None of the variables were found to have a confounding effect on the association between MIC/HIC and respectful care (detail in Appendix S3). However, the time elapsed since the stillbirth and parental age at survey completion both caused effect modification. Parents from MICs were less likely to report respectful care compared with HICs, and this association was stronger among parents whose baby was born within the last 5 years (stillbirth <5 years ago, stratified OR 0.31, 95% CI 0.26–0.39; stillbirth >5 years ago, stratified OR 0.53, 95% CI 0.35–0.81, p value for test of homogeneity 0.03). The effect of parental age on the association between respectful care and MICs/HICs was non-linear, but the gap between MICs and HICs tended to be greater among younger parents and reduced with increasing age.

TABLE 1 Association between individual variables and likelihood of parents reporting respectful care after stillbirth

	Number of parents (%)	Number reporting respectful care (%)[a]	Likelihood of reporting respectful care (OR, 95% CI)	p value[b]
Overall (n = 3769)	3769	2813 (74.6)		
Age at survey completion (years) (n = 3769)				
Less than 24	220 (5.2)	142 (64.6)	1.0 (reference)	<0.01
25–29	564 (15.0)	403 (71.5)	1.37 (0.97–1.92)	
30–34	1056 (28.1)	830 (78.6)	2.01 (1.47–2.77)	
35–39	1005 (26.7)	765 (76.1)	1.75 (1.28–2.40)	
40–44	581 (15.4)	432 (74.4)	1.59 (1.14–2.23)	
45 years or older	339 (9.0)	237 (69.9)	1.28 (0.89–1.83)	
Education status (n = 3707)				
Secondary school or lower	1051 (28.4)	750 (71.4)	1.0 (reference)	<0.01
Undergraduate or college degree	1763 (47.6)	1309 (64.3)	1.16 (0.98–1.37)	
Postgraduate degree	646 (17.4)	525 (81.3)	1.74 (1.37–2.21)	
Vocational training	247 (6.7)	189 (76.5)	1.31 (0.95–1.81)	
Time since stillbirth (n = 3764)				
<5 years	2708 (71.9)	2081 (76.9)	1.0 (reference)	<0.01
≥5 years	1056 (28.1)	729 (69.0)	0.67 (0.57–0.79)	
Gestational age at time of stillbirth (n = 3769)				
20–29 weeks	1355 (36.0)	950 (70.1)	1.0 (reference)	<0.01
30–37 weeks	1140 (30.3)	881 (77.3)	1.45 (1.21–1.74)	
≥38 weeks	1274 (33.8)	982 (77.1)	1.43 (1.20–1.70)	
Relationship to baby (n = 3769)				
Mother	3639 (96.6)	2714 (74.6)	1.0 (reference)	0.69
Father	130 (3.5)	99 (76.2)	1.09 (0.72–1.64)	
Previous death of a child (includes miscarriage or stillbirth) (n = 3754)				
No prior children	762 (20.3)	606 (79.7)	1.0 (reference)	<0.01
Prior children, no child death	2244 (59.8)	1643 (73.2)	0.70 (0.58–0.86)	
Prior children, prior child death	748 (19.9)	555 (74.2)	0.74 (0.58–0.94)	
Attended bereavement support group? (n = 3734)				
No	2385 (63.9)	1763 (73.9)	1.0 (reference)	0.14
Yes	1349 (36.1)	1027 (76.1)	1.12 (0.96–1.31)	

[a]Parents who reported that care was 'kind and respectful' always or most of the time after their baby was stillborn.
[b]Chi-square test of homogeneity of odds ratios.

3.2 | Assessments of care in pregnancy and after stillbirth

Positive responses regarding each of the seven aspects of quality care ranged from 55.1% to 78.1% during pregnancy and from 52.7% to 74.7% after stillbirth (Table 2). Only 55.1% of parents felt their concerns were taken seriously during pregnancy, which was the most negatively reported aspect of quality pregnancy care. Even for the most positively reported care aspect during pregnancy, one in five parents reported that providers did not talk in an understandable way.

Parents' responses were less positive regarding their care after stillbirth than their care during pregnancy for four of the seven aspects of care quality. However, there was no detectable difference in the proportion of parents reporting that they were treated with kindness and respect (OR 0.88, 95% CI 0.76–1.03), or whether they felt that providers listened to them (OR 0.91, 95% CI 0.81–1.03) after stillbirth. Only one of the seven aspects of care quality was reported more positively after stillbirth, which was whether parents felt their concerns were taken seriously (OR 1.39, 95% CI 1.22–1.58), but this aspect was also rated less positively during pregnancy than the other aspects of care quality.

Comparing parents' reports of care after stillbirth in different geographical regions, Latin America and the Caribbean had the lowest proportion of positive responses across the seven aspects of care quality, followed by southern Europe (Figure 1) (numerical data in Appendix S5). There was wide variation between these regions and northern Europe, across all care aspects (lowest OR 0.15, 95% CI 0.10–0.23, highest OR 0.31, 95% CI 0.23–0.41).

In most geographical regions, parents reported most positively regarding whether their care was kind and respectful, and least positively regarding whether providers spent enough time with them or gave them adequate information.

3.3 | Care practices parents wanted and were offered after their baby was stillborn

Figure 2 illustrates care practices offered and accepted by parents after their baby was stillborn (numerical data in Appendix S6). Overall, baby naming was the most desired care practice (97.2% of respondents) and the one most frequently undertaken (85.6%). The proportion of parents who reported that they were offered and accepted other care practices varied from 65 to 77%, with the exception of taking their baby home, which was reported by only 11.4%. This care practice had the largest unmet need overall, with one in three parents (35.3%) reporting that they would have liked to have been offered this.

The second largest unmet care need was the opportunity to create memories and keepsakes, which 27.2% of parents reported they wanted but were not offered.

The proportion of parents reporting unmet needs was far higher in MICs than in HICs and was prevalent for every care practice. The likelihood of unmet need in MICs was more than twice that in HICs for being able to take their baby home (OR 2.35, 95% CI 1.95–2.82, $p < 0.01$) and more than seven times higher for seeing and holding their baby (OR 7.18, 95% CI 5.77–8.93, $p < 0.01$) (Appendix S6).

4 | DISCUSSION

This is the first known study to quantify respectful care around stillbirth on a global scale. Although the majority of parents

TABLE 2 Parents' perspectives of the quality of care before and after their baby was stillborn (all respondents)

	Time period	Quality care provided[a] (*n*, %)	Likelihood of reporting high-quality care (OR, 95% CI)	*p*value[b]
1. Providers gave adequate information (*n* = 3751)	During pregnancy	2478 (66.1)	1.0	<0.01
	After stillbirth	2041 (54.4)	0.47 (0.41–0.53)	
2. Providers spent enough time with parents (*n* = 3746)	During pregnancy	2177 (58.1)	1.0	<0.01
	After stillbirth	1974 (52.7)	0.70 (0.62–0.79)	
3. Parents felt involved in decision-making (*n* = 3740)	During pregnancy	2444 (65.4)	1.0	<0.01
	After stillbirth	2177 (58.2)	0.62 (0.55–0.70)	
4. Providers talked to parents in an understandable way (*n* = 3742)	During pregnancy	2924 (78.1)	1.0	<0.01
	After stillbirth	2537 (67.8)	0.37 (0.32–0.44)	
5. Providers listened to parents (*n* = 3740)	During pregnancy	2299 (61.5)	1.0	0.15
	After stillbirth	2251 (60.2)	0.91 (0.81–1.03)	
6. Parents concerns were taken seriously by providers (*n* = 3729)	During pregnancy	2055 (55.1)	1.0	<0.01
	After stillbirth	2221 (59.6)	1.39 (1.22–1.58)	
7. Parents were treated with kindness and respect (*n* = 3736)	During pregnancy	2832 (75.8)	1.0	0.11
	After stillbirth	2789 (74.7)	0.88 (0.76–1.03)	

[a]Provided 'always' or 'most of the time'.

[b]McNemar's chi-square test.

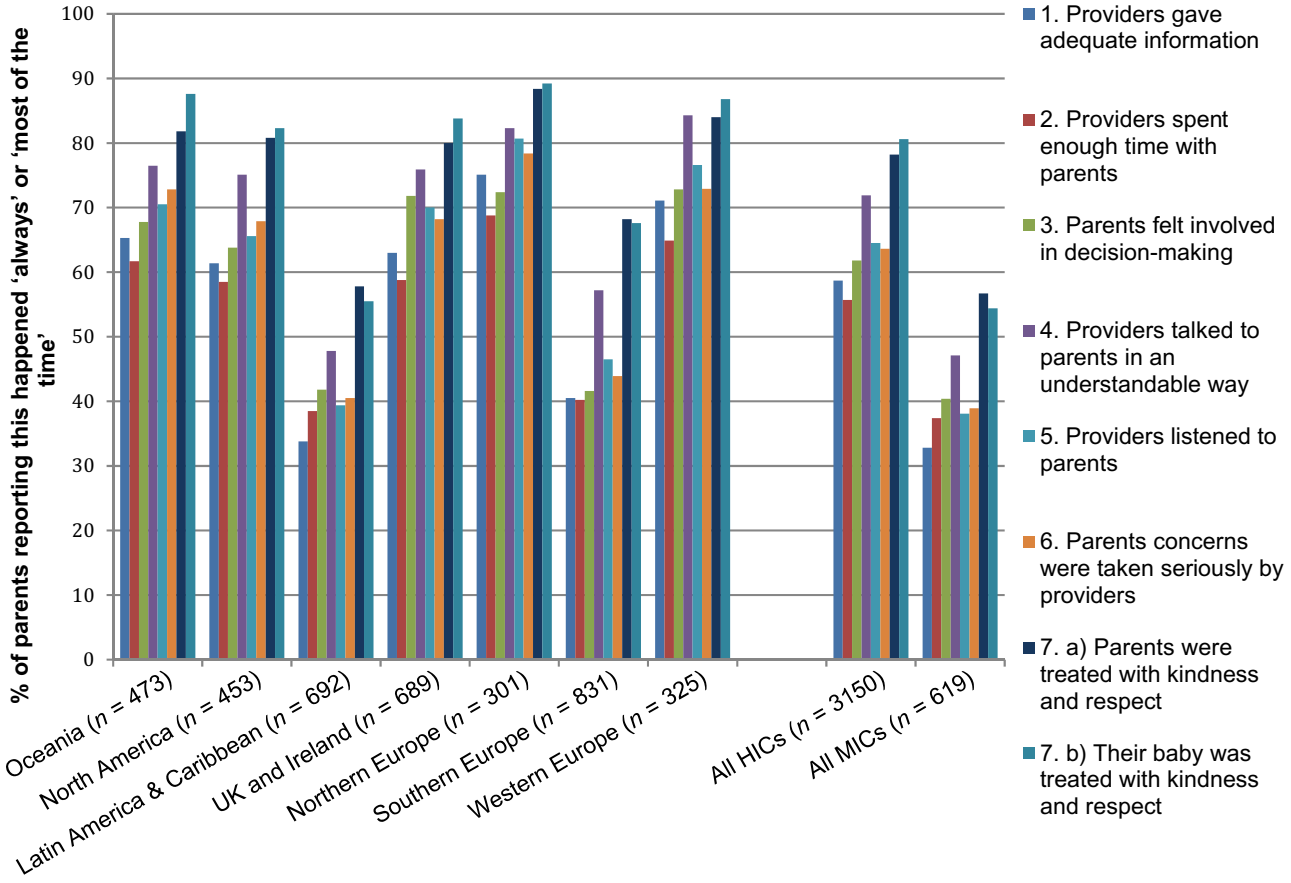

FIGURE 1 Parents' experiences of seven aspects of care quality after stillbirth, by geographical region

reported that care was kind and respectful both during pregnancy and after their baby was born, around one in four did not.

Parents in MICs were less likely to report respectful care than those in HICs. This gap reduced with increasing age, correlating with studies suggesting greater respect for older mothers in some LMICs (low- and middle- income countries).[25–27] Additionally, gaps between respectful care in MICs and HICs were wider among parents whose baby was stillborn more recently, suggesting possible improvements in HICs unmatched by MICs.[4]

Previous assessments of respectful maternity care, not specific to stillbirth, estimate 15%–98% of women in LMICs experience disrespect and abuse.[28] Despite difficulties with comparison due to study designs, locations, populations and highly diverse results, estimates of disrespectful care from this study are higher than some estimates of respectful maternity care not specific to stillbirth.

Several other factors were associated with reported respectful care: attainment of postgraduate degree, gestational age greater than 30 weeks, stillbirth occurring within 5 years and primiparity. Parents with postgraduate degrees reported more respectful care than those in other educational groups. This could be attributable to differential treatment of less well-educated parents,[29] or to highly educated parents with high health literacy accessing different service providers or expecting, and demanding, better care.

Parents of very preterm babies reported less respectful care. A similar association between gestational age and disrespect has been seen for small and sick neonates.[30] In previous studies, this lack of respect was attributed to providers fatalism and feelings of incapability. In the context of stillbirth, different stillbirth causes and care options at lower gestational ages may compound this.[31]

Parents who experienced stillbirth more than 5 years before the survey reported less respectful care than those with recent stillbirths, which may imply improvements. However, selection bias necessitates cautious interpretation. Parents were recruited through the International Stillbirth Alliance network and ongoing engagement may be due to particularly negative experiences, inspiring involvement with support and advocacy work.

Regarding provision of the seven aspects of care quality, parents were least satisfied with feeling that their concerns were taken seriously during pregnancy, being given adequate information, and having sufficient time with providers after birth. Providers may feel unprepared to broach information around stillbirth, as described with other instances of discussing difficult topics with patients.[32–34] Difficulties with ensuring sufficient contact time were reflected in a 2016 qualitative evidence synthesis which found parents valued 'privacy not abandonment' and care providers recognised their availability as a challenge in providing high-quality care.[11]

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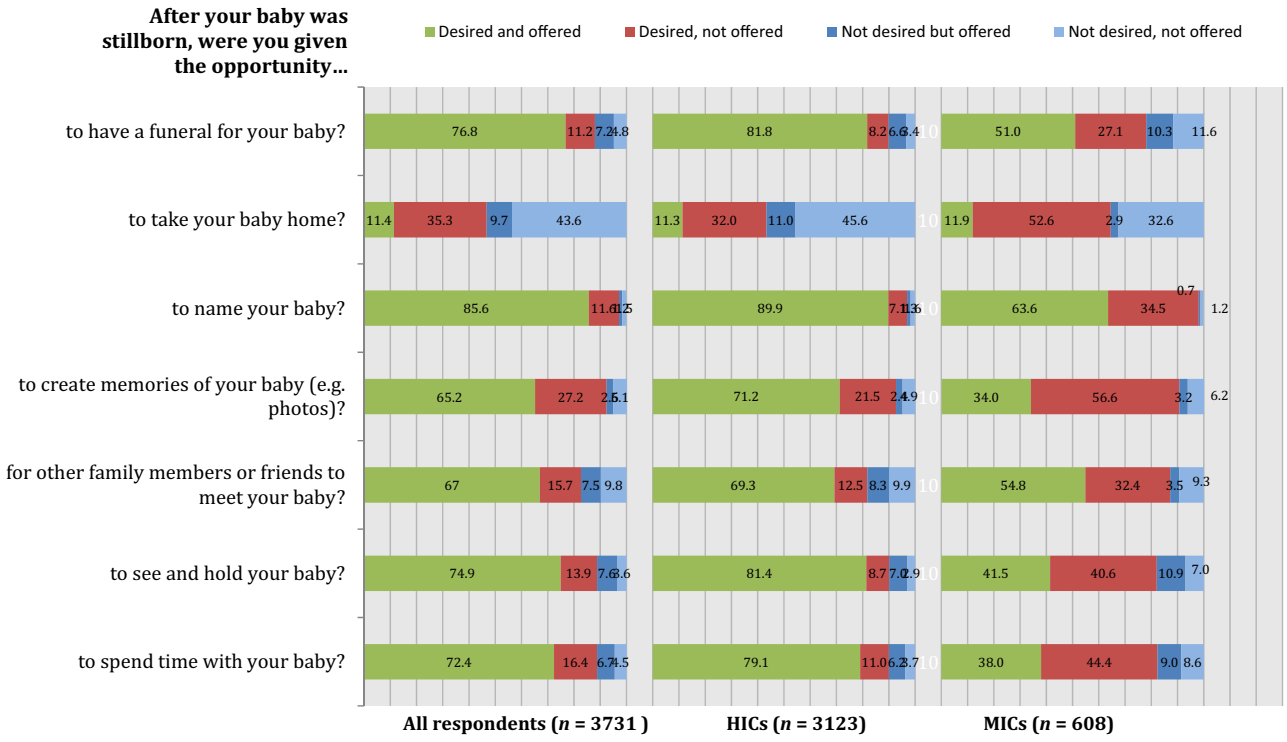

FIGURE 2 Care practices after stillbirth: parents' desires and unmet needs

For most aspects of care quality, parents were less satisfied with their care after their baby was born than during pregnancy. However, as responses were gathered retrospectively, this difference may be influenced by changes in emotions or expectations.

Parents in Latin America, the Caribbean, and Southern Europe reported lower care quality than those in other geographical regions. Limited resources may have influenced lower care quality, but is unlikely to account fully for the differences reported. More research is needed to understand how parents', healthcare providers' and community members' cultural perceptions of stillbirth relate to specific respectful care practices.

4.1 | Care practices around stillbirth

The importance and potential positive impacts for parents supported to engage with their baby after stillbirth through various care practices has been well documented.[10,14,15,35]

In this study, unmet need for most care practices was reported by more than 10% of parents. Parental desire for each practice was similar between country income groups, but unmet need was consistently much higher in MICs.

Although provision of memory-making activities (for example photography) was high in HICs, this was the largest unmet need in MICs. Whereas some difference can be attributed to financial barriers, other practices (such as creating footprints) are relatively low-cost and lack of access suggests other barriers, such as lack of awareness or limited training of health-care workers or hospital administrators.

Most parents were not offered the opportunity to take their baby home, but many reported they would have liked to. This may reflect strongly embedded cultural and religious beliefs and practices and barriers, such as availability of cold cots, legal restrictions, attitudinal barriers and stigma. More research is needed in this area.

4.2 | Strengths and limitations

This study's predominant strength was data collection via online survey, allowing sampling of large numbers of parents from diverse geographical contexts in an anonymous format but those with fewer resources were more likely to be excluded. Parents from MICs were underrepresented and parent participation in MICs is likely to be skewed towards more advantaged groups whose experiences of care may differ from less advantaged groups. Similarly, the broad array of issues included the survey reflect the cultural perspectives of the researchers and also gave limited opportunity to explore respectful care in more detail.

Recruitment through the International Stillbirth Alliance network may have meant that parents with particularly negative experiences are over-represented. The study population was highly educated; 71.7% of respondents completed tertiary education, compared with 34.6% of adults aged 25–54 years in Europe.[36] Conversely, as our study found that parents with higher education reported more respectful care, we may have underestimated the proportion of parents experiencing disrespectful care. Currently, in this under-researched area, no reliable measures of clinician behaviour

exist, so studies are dependent on parents' perceptions and associated challenges with participation. Nevertheless, the survey questions were derived from the literature, there was a large multi-country sample, and a high degree of consistency in the findings.

Fathers were included, but represented a small portion of respondents, limiting subgroup analyses. It is possible that parents may have influenced each other's responses. The survey also did not solicit perspectives from other family members. As parents could decline any question, there were variable levels of missing data across questions, but these were limited to less than 10% throughout.

4.3 | Recommendations

This study represents a preliminary analysis of respectful care during pregnancy and after stillbirth. By demonstrating high unmet needs, some actions can be taken immediately, while further research is ongoing. There is a clear need for urgent action to eliminate disrespectful care of parents globally and raise awareness of stigma, bias and disrespect around stillbirth. Actions such as offering simple memory-making activities (for example creating footprints) and ensuring that babies are consistently called by their chosen name can be implemented immediately.

System-level changes are required to ensure that providers can spend sufficient time with parents. Provider training must be developed and implemented, particularly focused on communication; for example, balancing reassurance with taking concerns seriously, and ensuring adequate support and information is provided to parents.

This study identifies a clear gap between parents' experiences in care quality and memory-making activities in MICs and HICs, and further qualitative research is essential to understanding practical, cultural and attitudinal causes and how these can be overcome.

5 | CONCLUSION

Disrespectful care was reported by 25% of parents. Higher levels of disrespectful care and unmet need was reported by parents in some geographical areas, including southern Europe, suggesting potential systematic differences in care practices and attitudes. Although the desire for memory-making activities in MICs was similar to HICs, the unmet need was far higher, including activities with little or no associated cost.

Provider training and system-level support to address practical barriers must be undertaken to ensure that, globally, all parents and all stillborn infants receive high-quality, compassionate and respectful care.

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CONFLICT OF INTEREST

None declared. Completed disclosure of interests form available to view online as supporting information.

AUTHOR CONTRIBUTIONS

The survey design and data collection were completed separately to this analysis. This study design was planned by BA, with input from HB, FMB, ES, DH and VF. The data analysis was undertaken by BA with guidance from HB. The first draft was written by BA, with comments and editing from all co-authors. All authors reviewed and approved the final version.

ETHICS APPROVAL

Ethical approval for the survey was granted by the Mater Health Services Human Research Ethics Committee (reference no. HREC/13/MHS/121).

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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SUPPORTING INFORMATION

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