

Gaps and Strengths in Respectful care across the Pacific

Dr Fiona Bruinsma

Senior Research Fellow, Global Women's and Newborns' Health Working Group

Burnet Institute

Fiona.Bruinsma@burnet.edu.au

Purpose

- Summarize findings
- Prompt discussion

Outcomes

- Action steps

Recap

- To provide high quality intrapartum and early newborn care we need to ensure not only that care is clinically sound but also grounded in dignity, compassion and respect.
- “Quality, respectful, person-centred care is not a luxury or optional add on – it is a fundamental human right and corner stone of effective health systems.”(WHO Compendium, 2025)
- Mistreatment of women continues to undermine health outcomes, violates rights and erodes trust in health services.
- Without respectful care, we cannot achieve global health targets, including the SDG goals.
- Respect must be embedded in every interaction.

Definition of respectful care

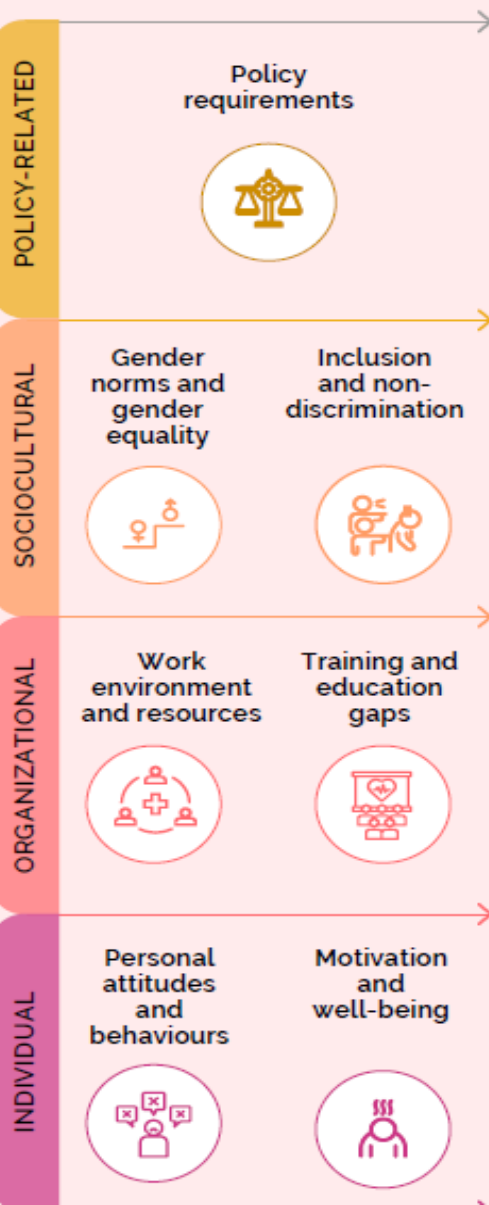
“Care organized for and provided to all women and newborns in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labour and childbirth.”

(WHO Compendium on Respectful Maternal and Newborn Care 2025)



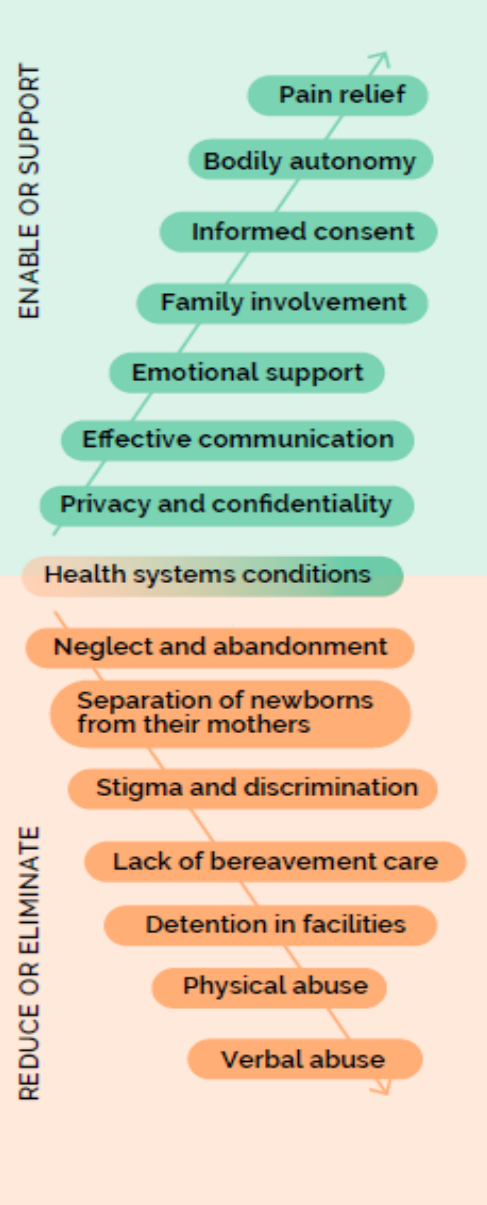
Drivers of mistreatment and respectful care

[Read more in section 2](#)



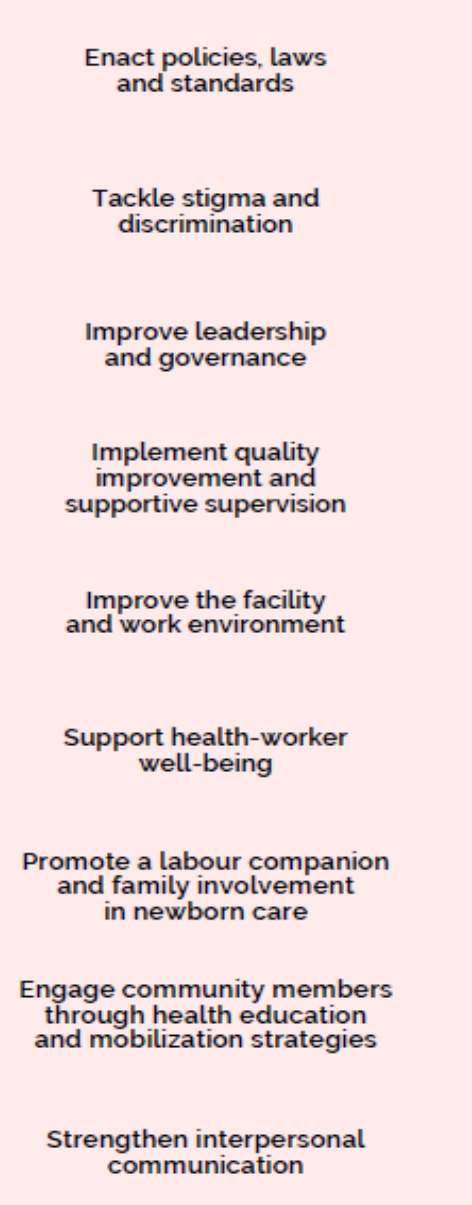
Manifestations of respectful care and mistreatment

[Read more in section 2](#)



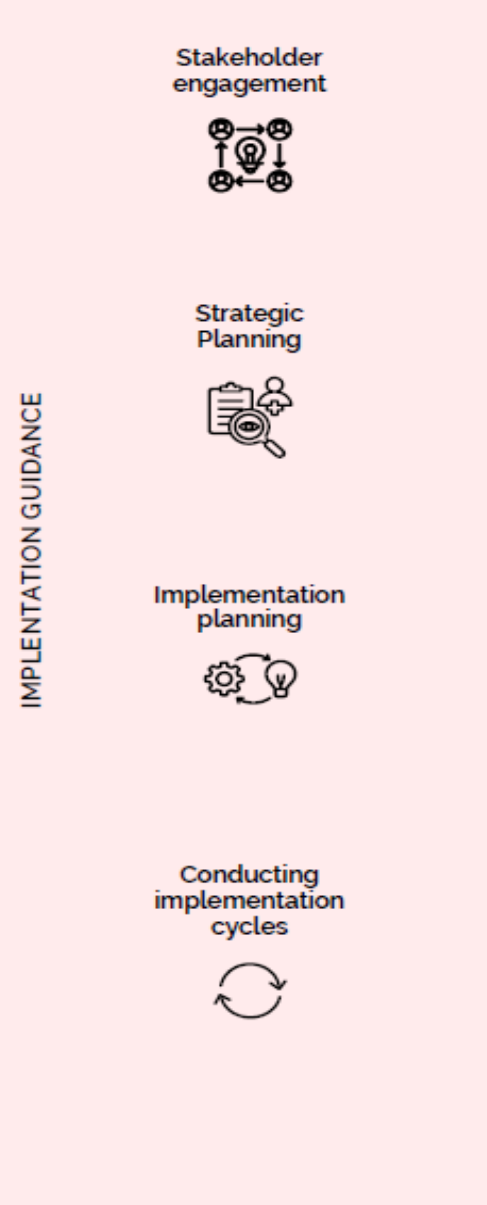
Areas of interventions

[Read more in section 3](#)



Implementing respectful care

[Read more in section 4](#)



Physical abuse:

Using force or harmful physical actions, such as slapping, hitting, punching and applying fundal pressure during childbirth, rough handling of newborns or slapping the baby on the back to stimulate breathing.

Verbal abuse:

Using harsh or derogatory language, judgemental or accusatory comments, shouting or screaming, also involving threats.

Stigma and discrimination:

Withholding or providing care inequitably based on factors such as age, ethnicity, gender, socioeconomic status, sexual orientation or marital status.

Neglect and abandonment:

Involving prolonged delays in providing care and instances where women are ignored or left without support during their care.

Separation of newborns from their mothers:

Involving the loss of opportunities for bonding and attachment. It disrupts the initiation of early breastfeeding and limits skin-to-skin care, which helps maintain a baby's body temperature.

Lack of bereavement care:

Involving a lack of organized form of bereavement and posthumous care in the case of baby's death, including lack of emotional support and counselling.

Detention in facilities:

Prohibiting women and their newborns from leaving facilities after childbirth due to an inability or failure to pay facility or medical fees.

Health systems conditions

Pain relief:

Offering, discussing and responding to requests for available options, such as medications and other methods, to help women manage pain and discomfort effectively.

Informed consent:

Ensuring the active participation of women in decisions regarding their care and that of their newborn by providing relevant information about tests, procedures and physical examinations.

Effective communication:

Ensuring clear and empathetic dialogue between health workers and women by actively listening and responding to their questions and concerns to foster trust and comfort.

Privacy and confidentiality:

Ensuring information is shared in a private and secure environment to respect confidentiality and maintain privacy.

Emotional support:

Providing time and attention to ensure women feel supported and adequately cared for during physical examinations and procedures. It also includes allowing a labour companion during labour and childbirth.

Bodily autonomy:

Ensuring women have the decision-making authority over their bodies and those of their newborns.

Family involvement:

Allowing families to participate in the routine care of newborns, including preterm or low-birthweight newborns in health facilities.

WOMEN'S EXPERIENCE OF CARE

Range across participating countries (%)



NEGATIVE EXPERIENCES



Physical abuse

3.7% – 10.1%



Verbal abuse

14.4% – 26.3%



Stigma & discrimination

1.4% – 5.6%



Any mistreatment

17.1% – 30.9%



No health worker present
when the baby was born

1.0% – 2%



Unnecessary separation of
newborns from their mothers

13.7% – 14.5%



Mistreatment of newborn

0.5% – 1.8%



POSITIVE EXPERIENCES



Health worker asked permission
before performing vaginal
examination

87.5% – 94.0%



Vaginal examinations conducted
privately in a way that other
people couldn't see

87.4% – 93.2%



Privacy was respected during
examinations and treatments

86.3% – 87.2%



Health workers treated
me with respect

93.1% – 95.8%



Health worker explained why
a vaginal examination was needed

87.5% – 94.0%



Health workers informed me
about decisions they took
regarding your care

83.3% – 94.0%



Health workers treated
baby with respect

96.6% – 97.8%

Percentages represent the range across participating countries. | Higher percentages for positive experiences indicate better care.

Companionship

- Measure of respectful care – providing emotional support to women
- Driver of mistreatment – absence of a companion has been reported to increase the likelihood of mistreatment and non-consented care
- Intervention – use of labour/birth companions can increase respectful care, decrease mistreatment as well as the unnecessary use of intervention.

Companionship

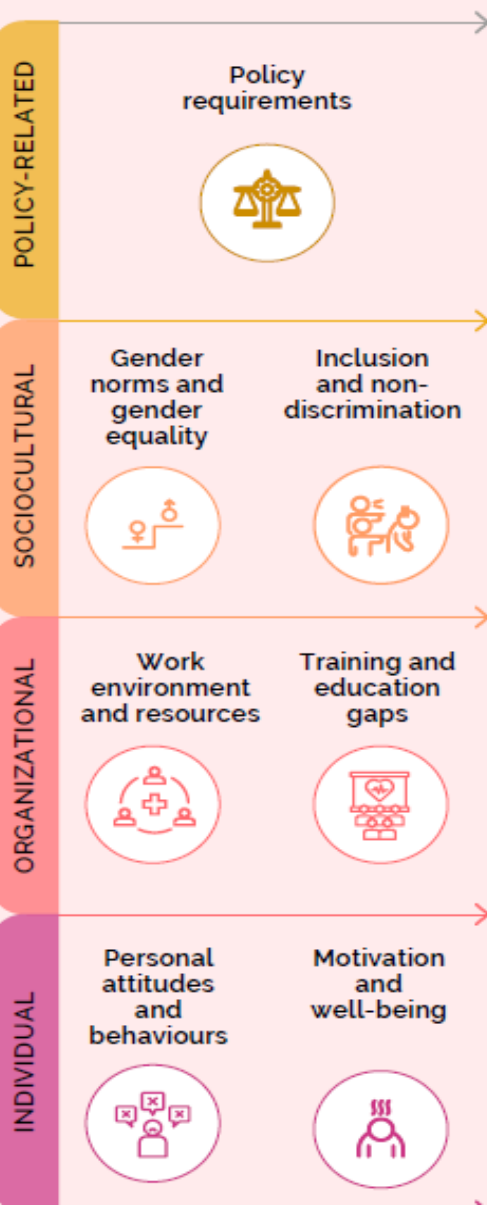
- 55%-60% of women in Fiji/PNG said they wanted a companion during labour, 77% of women in SI wanted one
- Almost 20% of women in Fiji (particularly in Lautoka) said they didn't know they could have a companion
- Findings showed considerable unmet need with only one-third of women in Fiji and two-thirds of women in PNG and SI who wanted a companion during labour actually had one
- Fewer women wanted a companion present during the birth (vaginal/cs) and very few women across the three countries had a companion present during a CS birth

Companionship – provider views and facility enablers

- Providers were much less likely than women to say that women were able to ‘mostly/always’ have a companion with them during labour.
- Limited by infrastructure - <40% said they felt the unit had adequate infrastructure to offer companionship during labour and birth
- Providers felt they had the skills to orient labour companions to provide supportive care (>80%) but less than half of providers felt that supporting companionship was within their job requirements
- How are women understanding companionship given that provider and facility data seem to suggest it happens less often than indicated by women?

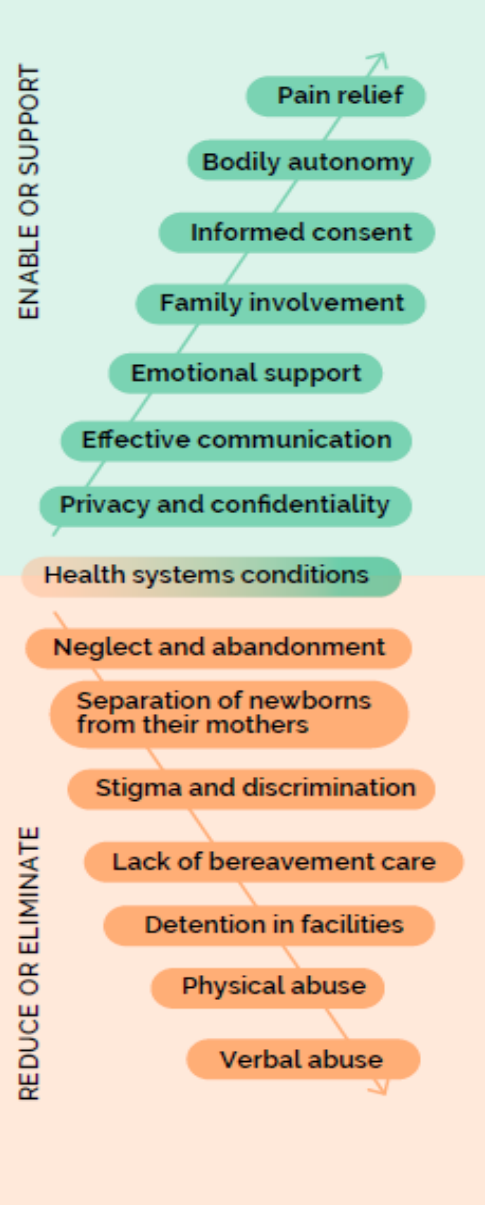
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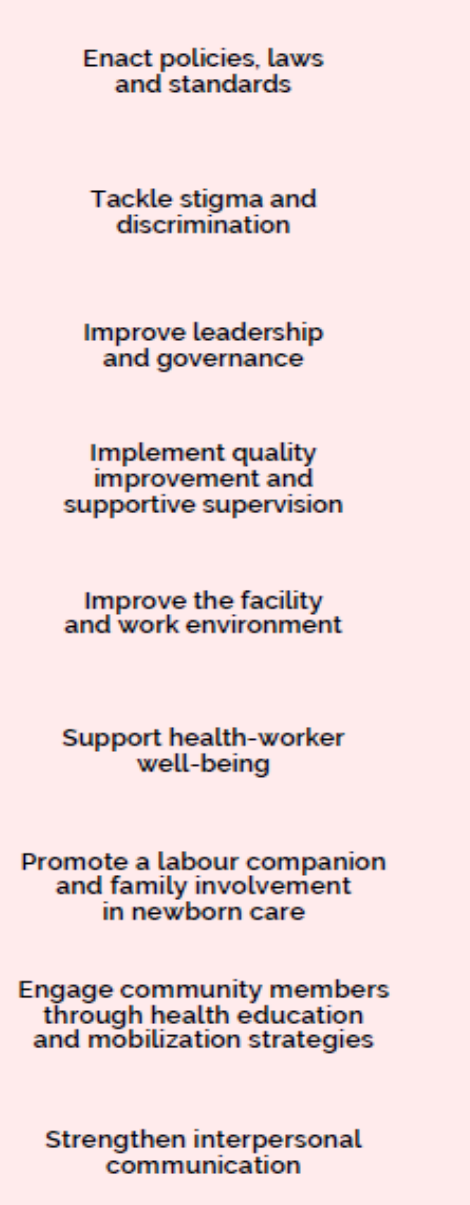
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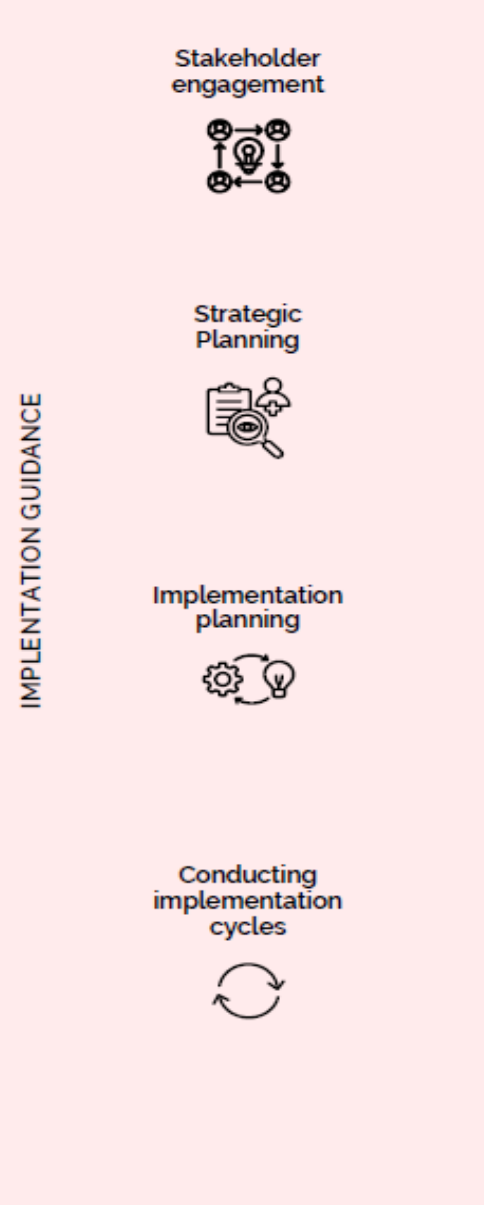
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Drivers of Respectful maternity Care

Enablers and barriers influencing women's experiences of maternity care in Pacific health facilities



POLICY



Enablers

- Policies on informed consent before caesarean section available in PNG and Fiji.



Barriers

- No policies on informed consent before vaginal examination, caesarean section, or epistotomy in Solomon Islands.
- No written policies supporting labour companionship.



Written policy gaps remain for informed consent and labour companionship.



ORGANISATIONAL



Enablers

- 90%+ agree respectful care is important.
- 80% call women by name.
- Respectful care training available in 3 of 4 hospitals.



Barriers

- Hospitals operating at or above capacity.
- Only 50% have enough time.
- Only 40% introduce themselves.
- Lack of privacy infrastructure.
- No curtains in Solomon Islands facilities.
- No companionship training.



SOCIO-CULTURAL



Enablers

- 70%+ of women reported cultural and religious needs were respected.



Barriers

- Gender-based violence.
- Normalisation of mistreatment.
- High adolescent pregnancy.
- High proportion of unmarried mothers and increasing HIV infection.
- Limited understanding of women's cultural needs.

INDIVIDUAL



Enablers

- Providers felt they had the skills required to provide respectful care.



Barriers



20% did not routinely seek permission before examinations or procedures.

Drivers of respectful maternity care - enablers



Policy



- Policies on informed consent before CS available in PNG and Fiji

Socio-cultural



- 70%+ of women felt cultural and religious needs respected

Organisational



- >90% of providers agreed that respectful is important
- Respectful care in-service training offered in $\frac{3}{4}$ hospitals
- 80% of providers call women by name when talking to them

Individual



- Majority of providers felt they had the skills to provide respectful care

Drivers of respectful maternity care - barriers

Policy



- Lack of policy on obtaining informed consent (SI)
- Lack of written policies on provision of companionship in labour

Socio-cultural



- High incidence of GBV across the Pacific
- Expectations of care
- High proportion of adolescent pregnancies/unmarried mothers (Fiji)
- Lack of understanding of cultural practices

Organisational



- Hospitals above capacity
- Providers didn't have enough time to provide respectful care
- Lack of infrastructure to ensure visual and auditory privacy
- Lack of in-service training on respectful care or companionship

Individual



- 20% of providers did not routinely seek a woman's permission before performing an examination or medical procedure

Areas of intervention

Policy



- Develop policies on obtaining informed consent before all procedures/examinations and companionship in labour

Socio-cultural



- Run in-service training on cultural awareness and respectful care

Organisational



- Work with hospital management to improve facilities for privacy
- Provide training on respectful care, companionship and communication

Individual



- Provide mentoring and support to staff

Questions

- What rings true for you in your context?
- How do we understand the verbal mistreatment finding?
- What are the main barriers to reducing mistreatment?



Country Principal Investigators

Dr Salahuddin Ahmed/Dr Ahad Khan, Projahnmo Research Foundation, Bangladesh
Dr Litia Narube/Dr Nina Pio, Fiji National University, Fiji
Dr Detty Siti Nurdiati, Faculty of Medicine, Public Health & Nursing, Universitas Gadjah Mada, Indonesia
Dr Buyanjargal Yadamsuren, Ministry of Health, Mongolia
Dr Sandesh Poudel, Paropakar Maternity and Women's Hospital, Nepal
Professor Glen Mola/Dr Delly Babona, Port Moresby General Hospital, Papua New Guinea
Dr Leeanne Panisi/Ms Freda Pitiraka, National Referral Hospital, Solomon Islands
Dr Kapila Jayaratne/Prof Athula Kaluarachichi/ Dr Chandana Jayasundara/Dr Harendra Dassanayake, University of Colombo, Sri Lanka
Professor Tippawan Liabsuetrakul, Faculty of Medicine, Prince of Songkla University
Dr Milena Dos Santos/Mr Jermias Da Cruz, National Hospital, Timor-Leste

Burnet Project team

Professor Joshua Vogel
Professor Caroline Homer
Dr Fiona Bruinsma
Dr Minh Pham
Ms Kara Blackburn
Mr Long Nguyen
Dr Skandarupan Jayaratnam
Dr Naomi Spotswood
Dr Lisa Vallely
Ms Anita Voloshin

WHO team

Dr Tina Lavin
Dr Mercedes Bonet
Dr Olufemi T Oladapo
Dr Soe Soe Thwin
Mr Khurshed Nosirov
Dr Chandani Anoma Jayathilaka, WHO South-East Asia WHO Regional Office
Dr Shogo Kubota, WHO Western-Pacific Regional Office
Participating WHO country offices



**GLOBAL MATERNAL
AND NEWBORN
HEALTH PLATFORM**

Collaborators

University of Melbourne

Assoc Prof Emily Karahalios (Statistician)

IECS – Argentina

Dr Veronica Pigray
Dr Mabel Berrueta
Dr Rocío Rodríguez
Ms Milagros Oberti
Ms Sandra Formia
Álvaro Ciganda

Funding partners

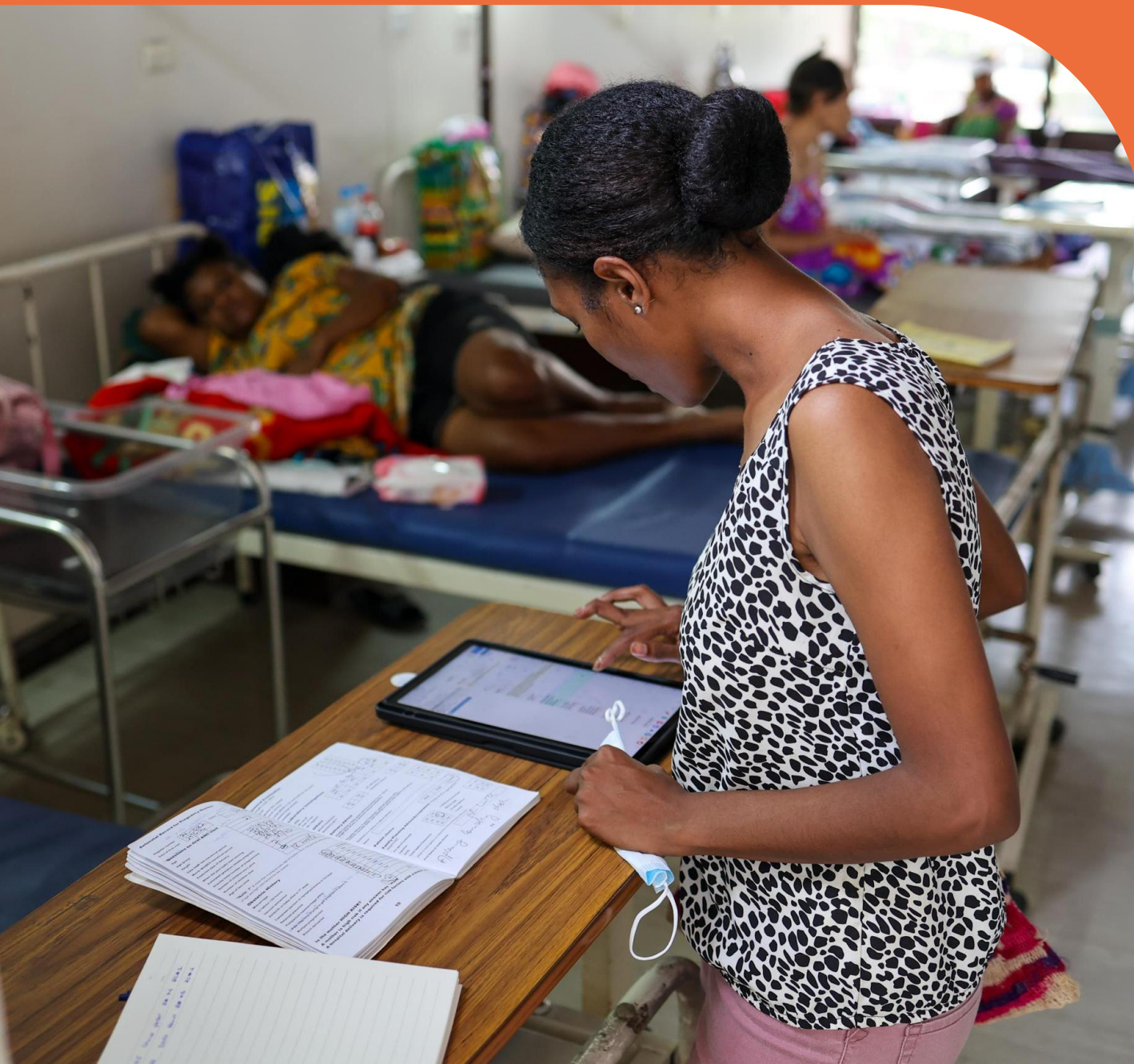
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Canada Aid

**400 facility co-ordinators and data
collectors across all 74 facilities**



Technical Advisory Group Members

Dr Allisyn Moran, MCA, WHO

Assistant Professor Louise-Tina Day, London School of Hygiene and Tropical Medicine, UK

Professor Pisake Lumbiganon, Khon Kaen University, Thailand

Dr Adama Baguiya, CNRST, Burkina Faso

Professor Kitty Bloemenkamp, University Medical Center, Utrecht, Netherlands

Professor Dame Tina Lavender, Liverpool School of Tropical Medicine, UK

Professor Khalid Yunis, American University of Beirut, Lebanon

Professor Jeeva Sankar, All India Institute of Medical Sciences, India

Professor Erika Ota, St Luke's International University, Tokyo, Japan

Professor Jim Zhang, Duke Kunshan University, Shanghai, China

Dr Zenaida Dy Recidoro, Department of Health, Manila, Philippines

Professor Shivaprasad Goudar, Jawaharlal Nehru Medical College, India

Professor Amir Babu Shrestha, Bir Hospital, Kathmandu, Nepal

Dr Ingrid Bucens, Paediatrician, Timor-Leste

Technical advisors

Assoc Prof Meghan Bohren

Dr Özge Tunçalp

Associate Professor Patience Afulani

Thank you!

Dr Fiona Bruinsma

fiona.Bruinsma@burnet.edu.au