

RESPECTFUL MATERNAL & NEWBORN CARE: A WORTHWHILE INVESTMENT

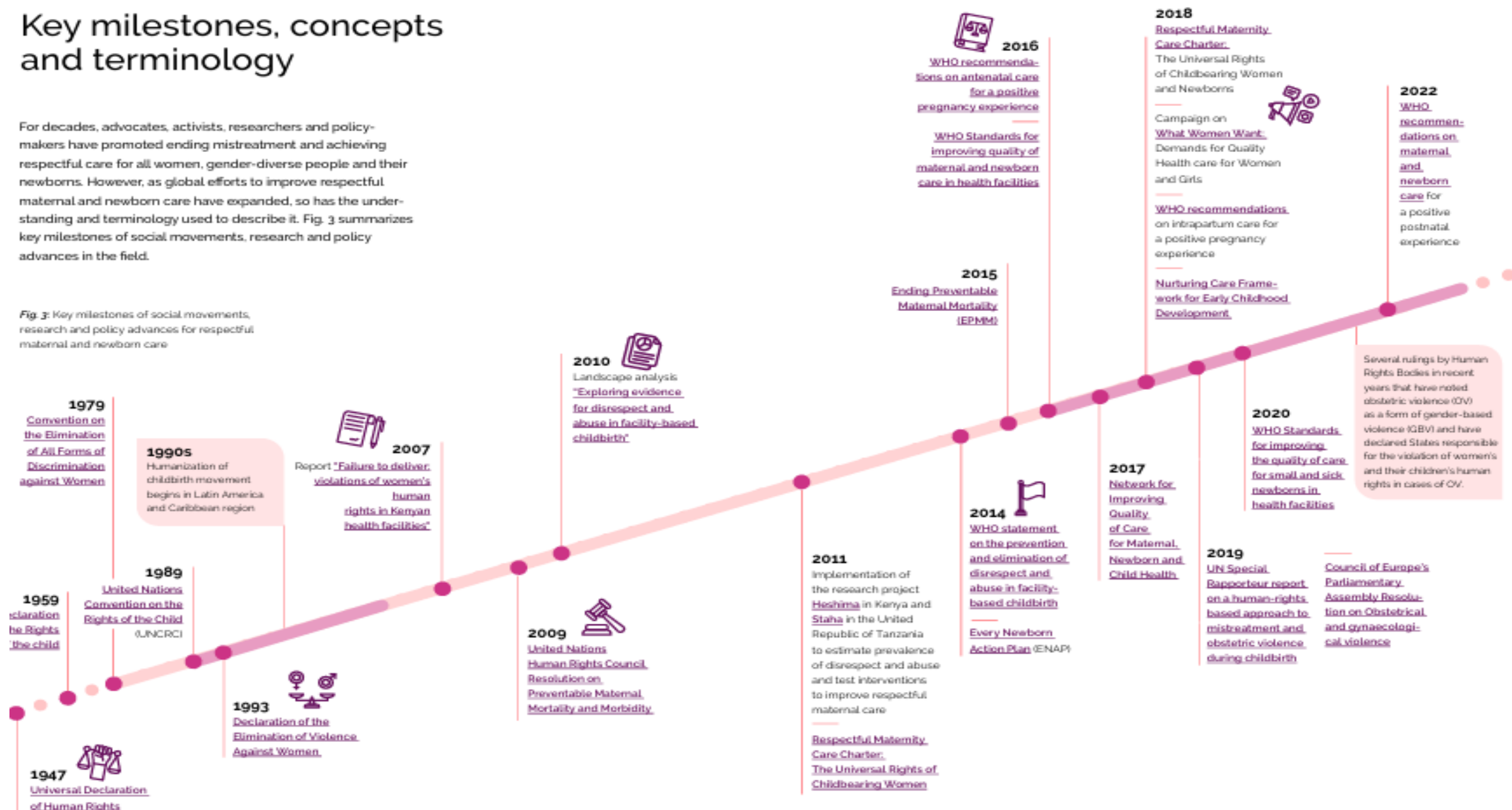
Dr Litia Narube

Fiji National University

Key milestones, concepts and terminology

For decades, advocates, activists, researchers and policy-makers have promoted ending mistreatment and achieving respectful care for all women, gender-diverse people and their newborns. However, as global efforts to improve respectful maternal and newborn care have expanded, so has the understanding and terminology used to describe it. Fig. 3 summarizes key milestones of social movements, research and policy advances in the field.

Fig. 3: Key milestones of social movements, research and policy advances for respectful maternal and newborn care



Definition of RMC

“care organized for and provided to all women 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”



Recommended by WHO for ALL women.

WHO recommendations on intrapartum care for a positive childbirth experience, related to respectful care

Respectful maternity care

Effective communication

Companion of choice during labour and childbirth

Family involvement in the routine care of preterm or low-birth weight newborn in health-care facilities

Definition of Disrespect & Abuse

1. Physical abuse
2. Sexual abuse
3. Verbal abuse
4. Stigma and discrimination
5. Failure to meet professional standards of care
6. Poor rapport between women and providers
7. Health system conditions and constraints

(The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review Meghan A. Bohren et al)

Evidence around Disrespect

The Giving Voice to Mothers study surveyed 2,138 women who experienced pregnancy in the United States between 2010-2016.

17.3% reported mistreatment during pregnancy and childbirth.

The most common mistreatment was being shouted at or scolded
8.5%

7.8% of women were ignored or refused help when they asked for it

5.5% did not have their physical privacy protected

4.5% of women were threatened with having treatment withheld or forced to accept unwanted treatment.

Vedam, S., Stoll, K., Taiwo, T. K. et al. (2019). The Giving Voice to Mothers study: Inequity and mistreatment during pregnancy and childbirth in the United States. *Reproductive Health*, 16(1), 1–18. <https://doi.org/10.1186/S12978-019-0729-2/TABLES/8>

What Women Want

In 2018 the White Ribbon Alliance(WRA) an international Organization dedicated to women's rights and health involved communities all over the world to ask women one question

What Women Want

One open-ended question:

What is your one request for quality reproductive and maternal healthcare services?

What Women Want

- What Women Want surveyed 1.2 million women from 114 countries over one year.
- Survey results showed respectful and dignified care was the #1 demand from women around the world.
- Women defined respectful care to include:
 - Friendly and courteous health workers
 - Informed consent
 - Choice of provider
 - Right to a companion
 - Security for mothers and newborns
 - No verbal abuse, harassment, or rudeness from medical staff
 - No discrimination or tribalism
 - www.whatwomenwant.org (White Ribbon Alliance, 2018)

Respectful and Dignified Care

Nearly all of women's and girls' responses about respectful and dignified care showed a desire for strong interpersonal connection

Women and girls are asking for kindness, courtesy, and compassion. They want to feel valued, heard and acknowledged.

Beyond calls for positive treatment from healthcare workers, an alarming number of women and girls are also demanding that bad behavior—primarily in the form of discrimination—stops.

Pacific women?

No Pacific data available

Manifestations of Mistreatment & Respectful Care

Both mistreatment and respectful care can coexist

Achieving respectful care requires not only addressing mistreatment but also actively promoting dignity, autonomy and compassion throughout the care experience.

Aim to “Ending mistreatment and achieving respectful care”.

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 breast-feeding 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**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.

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.

Drivers of Mistreatment & Respectful Care

1. Policy Related - Laws, guidelines and accountability mechanisms that are in place for respectful maternal and newborn care, and to protect patients from mistreatment
2. Sociocultural - Beliefs, practices, gender and social norms, that can impede or promote fair and equal treatment

Drivers of Mistreatment & Respectful Care

3. Organizational - Factors within the health system, such as the availability of resources, adequate human resources, work environment, supervision, training and education, and infrastructure, supplies and equipment, which affect the quality of maternal and newborn care.

Drivers of Mistreatment & Respectful Care

4. Individual Drivers

- the attitudes and behaviours of health workers towards women, and newborns, as well as the power dynamics and professional hierarchies that influence health- worker motivation and well-being.

Examples of Drivers

Normalization and tolerance of mistreatment

Health-worker fear of a negative health outcome for the woman or newborn

Power asymmetries

Stressful work environments

Poor salaries

Lack of motivation

Key Stakeholders in RMC

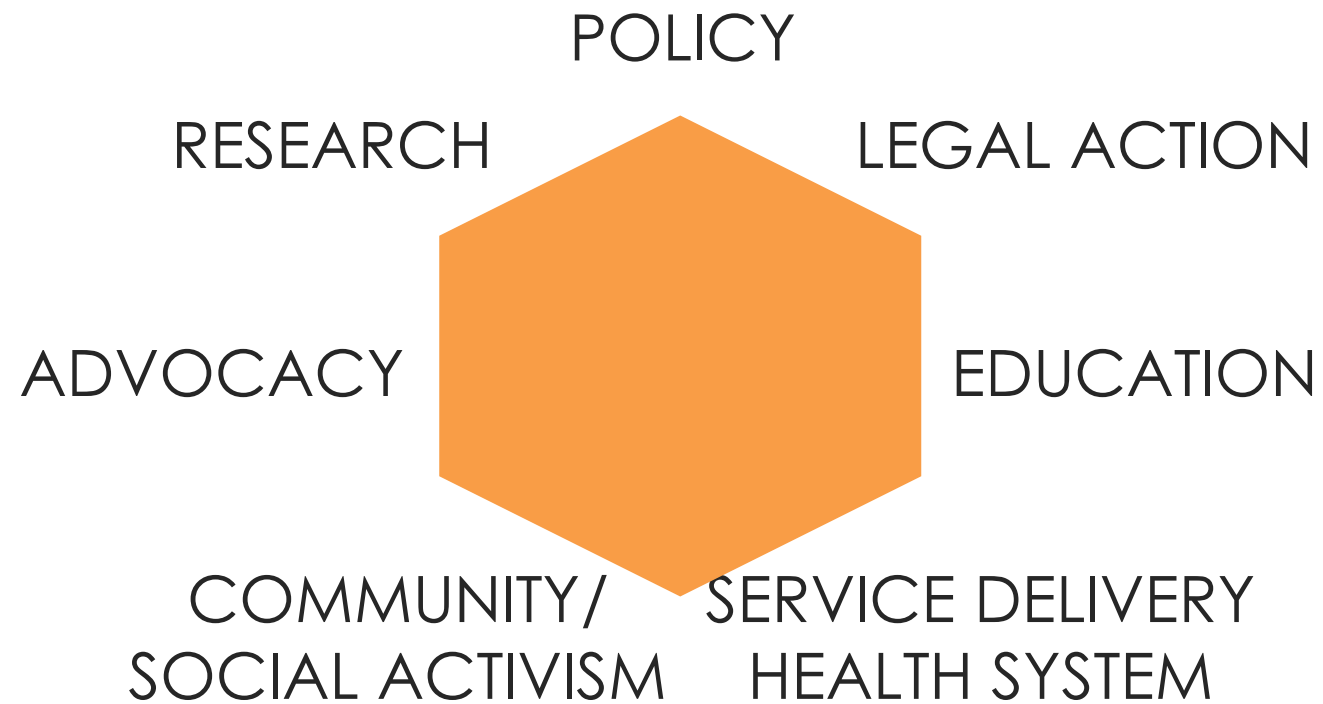
- Pregnant women
- Families
- Communities

Healthcare Providers

- Individual providers
- Professional associations

- Human Rights Activist
- Women's Advocates
- Training Institutions
- Policy Makers
- Donors

Key Action Points



Training

Training packages available

International Childbirth Initiative

International Confederation of Midwives

In-service/Pre-service

MEL tools

Need to Know Ourselves

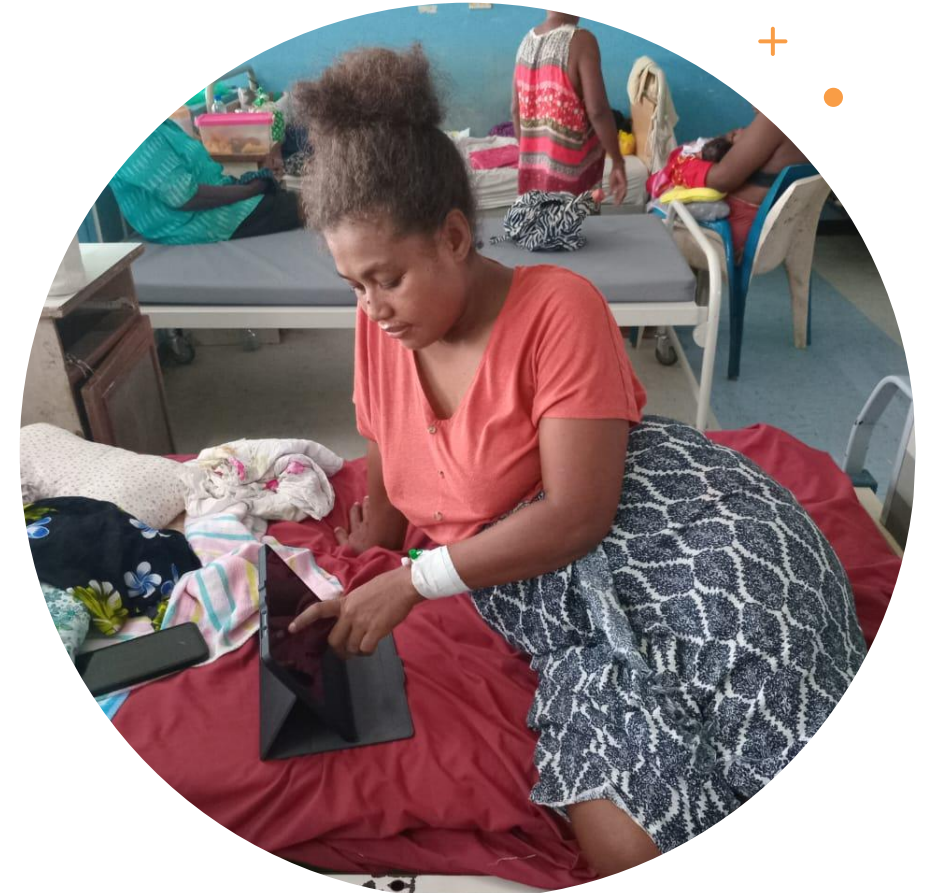
How respectful are we?

Identify the manifestations & Drivers

Training



**GLOBAL MATERNAL
AND NEWBORN
HEALTH PLATFORM**
Asia-Pacific Region





Respectful Maternal & Newborn Care Saves Lives

40 | YEARS OF
IMPACT
1986-2026

FIGO Statement on Respectful Care

SAFE AND RESPECTFUL CARE
for all patients/clients
for all colleagues
for all families