# **RESPECTFUL MATERNITY CARE**

### A CALL TO ACTION



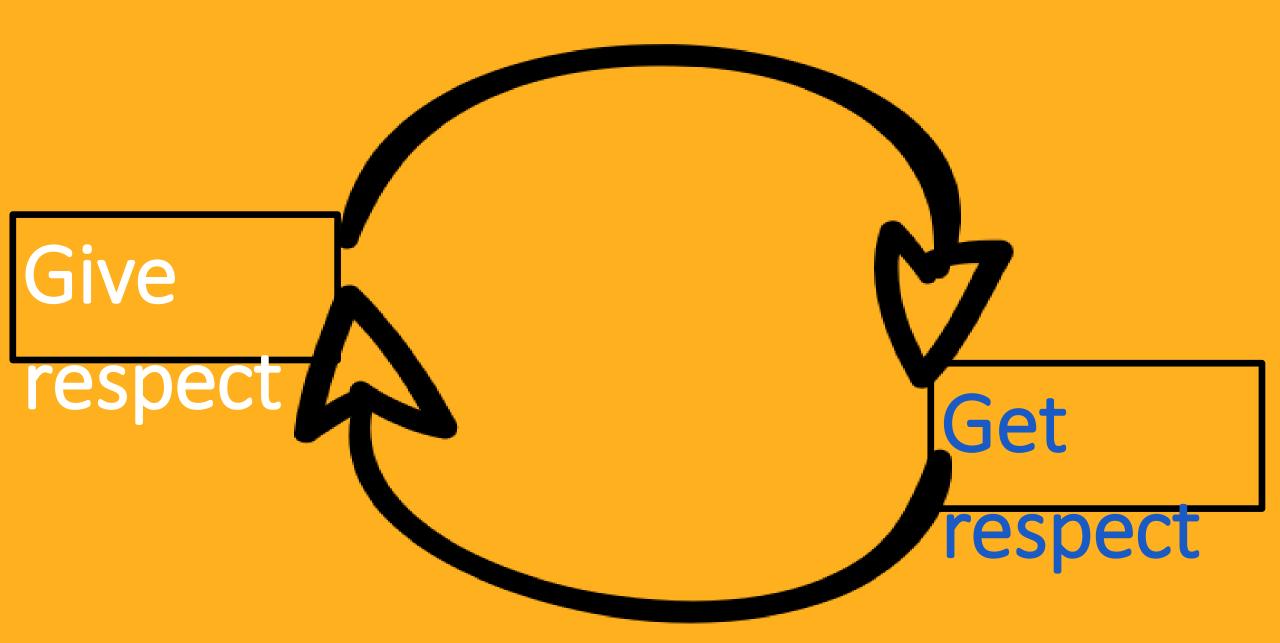


Sheena Byrom & Soo Downe



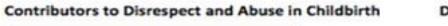
# (DIS)RESPECTFUL CARE





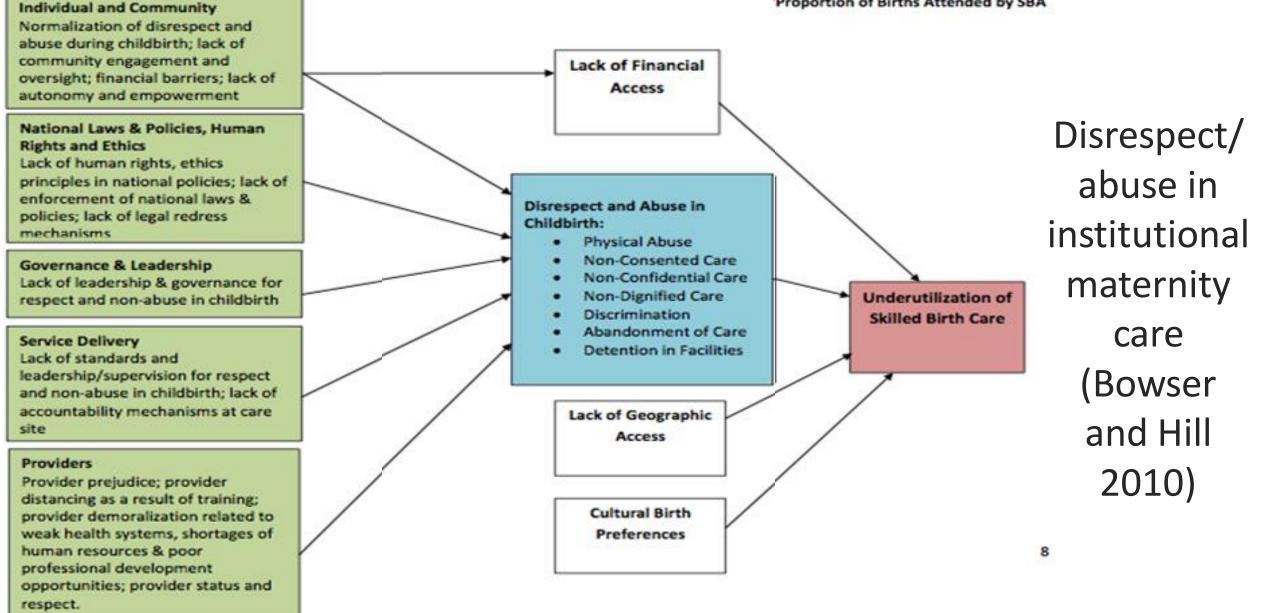


### What does disrespectful and abusive care look like?



**Deterrents to Skilled Birth Care Utilization** 

MDG-5: Key Indicator: Proportion of Births Attended by SBA



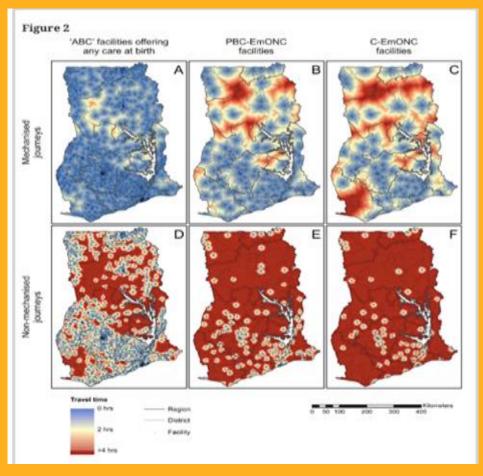
# Why women don't use antenatal care

FINLAYSON AND DOWNE 2013

When you see the health agent yelling at women who are not feeling well, you are afraid of telling them what is wrong with you too.... [Pregnant woman, Benin] [53]

If you arrive late at the clinic, the staff rebukes and punishes you with a fine or they order you to clean the floor or sweep the surroundings. [Limited user of antenatal care services, rural Tanzania] [65]

Third-order themes	Second-order themes	First-order themes
Physical abuse	Use of force	Women beaten, slapped, kicked or pinched during delivery Women physically restrained to the bed or gagged during delivery
	Physical restraint	
Sexual abuse	Sexual abuse	Sexual abuse or rape
Verbal abuse	Harsh language	Harsh or rude language/judgmental or accusatory comments Threats of withholding treatment or poor outcomes
	Threats and blaming	Blaming for poor outcomes
Stigma and discrimination	Discrimination based on sociodemographic characteristics	Discrimination based on ethnicity/race/religion/age/socio- economic status/HIV status
Failure to meet professional standards of care	Lack of informed consent/confidentiality Physical exams/procedures	Lack of information/breaches of confidentiality
	Neglect & abandonment	Painful VEs/refusal to provide pain relief/unconsented operations Long delays/skilled attendant absent at time of birth
Poor rapport between woman & provider	Ineffective communication Lack of supportive care Loss of autonomy	Poor communication/dismissal/language barriers/poor attitude Lack of support/denial of birth companions or support Women treated as passive participants during birth



Access to care at birth in Ghana (based on geomapping): Gething et al 2012

Does facility birth reduce maternal and perinatal mortality in Brong Ahafo, Ghana?... A secondary analysis using data on 119 244 pregnancies from two cluster-randomised controlled trials. Gabrysch S et al. Lancet Glob Health. (2019)

Facility birth does not necessarily convey a survival benefit for women or babies and should only be recommended in facilities capable of **providing emergency obstetric and newborn care AND capable of safe-guarding uncomplicated births**.

#### Women's perspectives of mistreatment during childbirth at health facilities in Ghana: findings from a qualitative study. *Maya et al 2018*

'Women may avoid giving birth in health facilities in the future because of their own experiences of mistreatment, or hearing about another woman's experience of mistreatment.'

### Good quality care is not an 'added extra'

### **Respectful Care and Maternal Mortality**

Category of Disrespect and Abuse <sup>i</sup>		Corresponding Right
1.	Physical abuse	Freedom from harm and ill treatment
2.	Non-consented care	Right to information, informed consent and refusal, and respect for choices and preferences, including the right to companionship of choice wherever possible
3.	Non-confidential care	Confidentiality, privacy
4.	Non-dignified care (including verbal abuse)	Dignity, respect
5.	Discrimination based on specific attributes	Equality, freedom from discrimination, equitable care
6.	Abandonment or denial of care	Right to timely healthcare and to the highest attainable level of health
7.	Detention in facilities	Liberty, autonomy, self-determination, and freedom

#### WHITE RIBBON ALLIANCE



In seeking and receiving maternity care before, during and after childbirth:

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NFORMATION, INFORMED CONSENT AND REFUSAL, AND RESPECT FOR HER CHOICES AND PREFERENCES, INCLUDING COMPANIONSHIP DURING MATERNITY CARE IN ONE CAN FORME YOU OF DOR HARDEN FOR WITHOUT OF DOR





Sate Motherhood is more than the prevention of death and disability. It is respect for every woman's humanity, teelings, choices, and preterences.



EQUALITY, FREEDOM FROM DISCRIMINATION, AND EQUITABLE CARE NO DATE CAR DISCRIMINATE BECAUSE OF SOMETHINATE BECAUSE OF SOMETHINATE

HEALTHCARE AND TO THE HIGHEST ATTAINABLE LEVEL OF HEALTH NO ONE CAN PREVENT YOU FROM GETTING THE MATERINTY CARE YOU NEED

LIBERTY, AUTONOMY, SELF-DETERMINATION, AND FREEDOM FROM COERCION BABY WHILD THEAL AUTRONIA Disrespect and abuse during maternity care are a violation of women's basic human rights.





For more information visit: www.whiteribbonalilance.org/respectfulcare

### Over- and under- treatment are both respectful care issues Too little, too late; too much, too soon

### THE LANCET

#### Maternal Health

An Executive Summary for The Lancet's Series



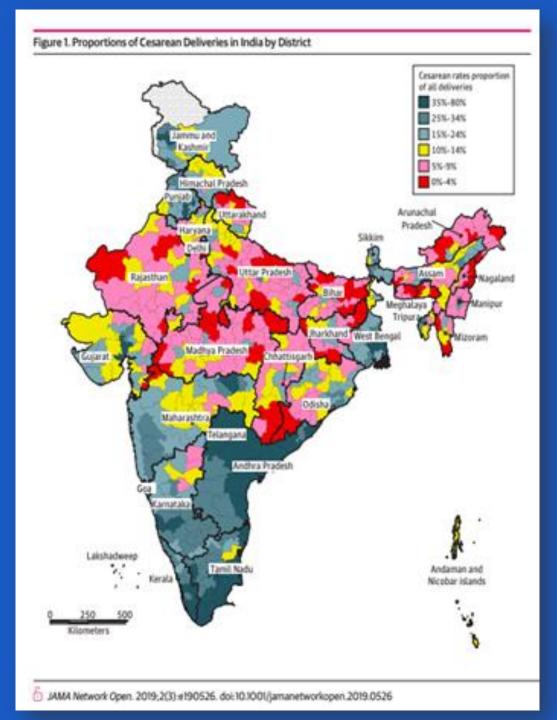
"Every woman, every newborn, everywhere has the right to good quality care."

#### Too little, too late

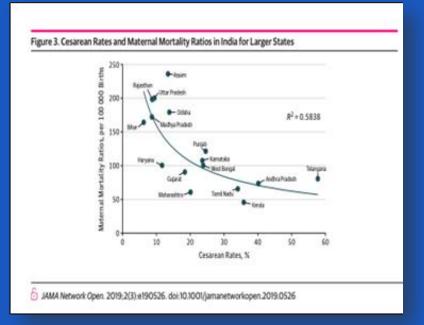
- Lack of evidence-based guidelines
- Lack of equipment, supplies, and medicines
- Inadequate numbers of skilled providers
- Women delivering alone
- Lack of emergency medical services and delayed interfacility referrals

#### Too much, too soon

- Unnecessary caesarean section
- Routine induced or augmented labour
- Routine continuous electronic fetal monitoring
- Routine episiotomy
- Routine antibiotics postpartum



C-section rates & Maternal Mortality in India Guilmoto et al 2019



# Domains of respectful care during childbirth in health facilities globally: meta-synthesis

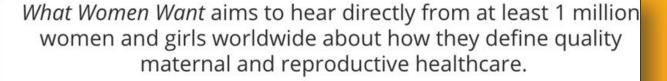
### Shakibazadeh et al 2018



Distribution: 67 studies, 32 countries 12 domains of RMC (consistent globally) Twelve domains of respectful maternity care derived from the qualitative findings\*

- · Being free from harm and mistreatment
- · Maintaining privacy and confidentiality
- · Preserving women's dignity
- · Prospective provision of information and seeking informed consent
- · Ensuring continuous access to family and community support
- · Enhancing quality of physical environment and resources
- · Providing equitable maternity care
- · Engaging with effective communication
- · Respecting women's choices that strengthens their capabilities to give birth
- Availability of competent and motivated human resources
- · Provision of efficient and effective care
- · Continuity of care

### Global What women want initiative









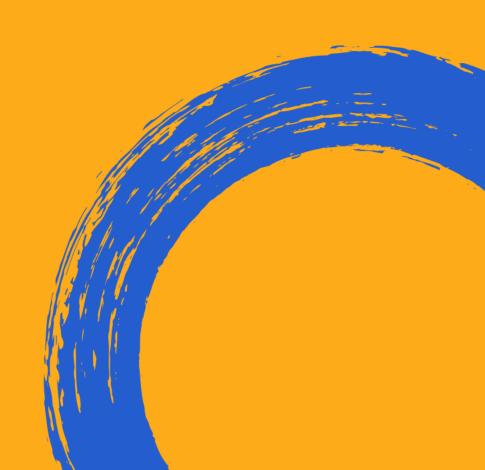
#### WHAT WOMEN WANT Maternal Healthcare from Nomen and Girls

No judgments for my decisions. More affordable health products. To always be treated with dignity. No insults from doctors and nurses. Increased pay for health workers. More health centers. Respect. Information about pregnancy and birth. To be involved in my own care. More midwives. Hospitals should have supplies. Contraceptive services for adolescent girls. **LISTEN AND ACT ON THE 1.2 MILLION DEMANDS**.





# Want to change the world? Then change the conversation.



### What works to increase respectful care? Multicomponent interventions *Downe et al 2018*

Five studies, all in Africa (Kenya, Tanzania, Sudan, South Africa) Over 8000 women (7500 at the endpoints)

Moderate to low certainty evidence suggested that **multicomponent RMC interventions:** 

#### Increase

experiences of respectful care
reports of good quality care

#### Reduce

-experiences of disrespect or abuse
(specifically physical abuse)
-accounts of non-dignified care, lack of privacy, verbal abuse, neglect and abandonment
episiotomy rates







What works to increase respectful care? Multicomponent interventions Downe et al 2018

### 12 steps to Mother-Baby Family friendly care

The tipping point...FIGO Oct 16<sup>th</sup> 2018; and the Mayor of Olongapo City, Philippines, Rolen C. Paulino Jr with Mercy in Action



#### World Health Assembly, 18-26 May 2015

ENGAGE AND SUPPORT: Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030

#### Survive, Thrive, Transform

Under the Millennium Development Goals (MDGs) and the first Global Strategy for Women's and Children's Health, launched in 2010 by UN Secretary-General Ban Kimoon, lives of women and children have been saved on an unprecedented scale. The Global Strategy provided a roadmap for ending preventable deaths, and catalyzed unprecedented action. Child mortality has declined by 49% and maternal mortality by 45% since 1990, with country leadership and global partnerships central to this success. However, while there has been substantial progress, much remains to be done.

As we transition from the MDGs to the Sustainable Development Goals (SDGs), women's, children's and adolescents' health must remain at the center if we are to finish the MDGs agenda and drive the transformative change envisioned by the SDGs.

Today we have the knowledge and the historic opportunity to end preventable deaths among all women, children and adolescents, to vastly improve their health, and to realize their potential in shaping a healthler and more prosperous future.

The Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030, set to launch in September 2015, strives for a world in which every woman, every child, and every adolescent – everywhere – is able to :

> THRIVE By realizing health

and rights in all

#### SURVIVE By ending preventable deaths - of women, newborns, children

 of women, newborns, children and adolescents, as well as stillbirths
 settings for women, children and adolescents

TRANSFORM By driving a global peoplecentred movement for comprehensive change for women's, children's and adolescents' health and

sustainable development

THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)

#### Every Woman Every Child: Survive, Thrive, Transform in the maternity episode, later life, and across generations

# Right care through courage *not* recklessness



Listening to women is a radical act. But acting on what we hear is revolutionary. I urge midwives to stop being well behaved and to take on their duty to advocate for women's rights to a good birth



How can I be a role model for all staff in the place I work..

..whether I am a clinical care provider, a manager, a funder, a policy maker, or a government minister





Constantly be alert to and challenge the corruption of what actually works by the dominant dialogue of what is assumed to work.



Measuring and doing what counts for BOTH/AND At birth and into the future....

MORE VIDEOS

MEN WANT AROUND THE WORLD

LISTEN

ACT



We are made wise not by the recollection of our past, but by the responsibility for our future. George Bernard Shaw

### **RMC Project**

- One-day RMC workshop and field test of draft facilitators guide as part of a half day workshop
- Respectful maternity care facilitators guide
- Development of online course on RMC
- Online course Core Concepts in midwifery

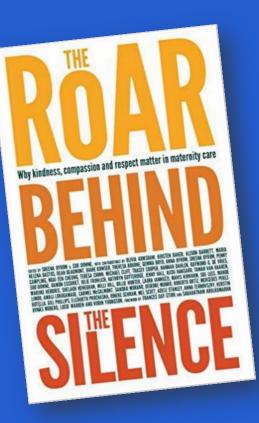




Sheena & Soo's workshops (ROAR workshops delivered globally Australia/NZ/India)

ICM workshops (RMC workshop funded by UNFPA delivered in PNG / Uruguay / Dubai)

Co-created with YML's across Africa (Namibia / Malawi / Uganda / Zambia)



# Namibia

RESPECT Workshops



### Regional ICM conference Launch of the RMC workshop - 85 attendees Field test of facilitators workshop – 16 attendees



### **RMC Workshop**

#### **INTERACTIVE SESSIONS**

Exploring current and contextual issues of RMC Mapping exercises – WRA categories of disrespect

and abuse

Physiology/neuroscience of abuse Role play



Group- work – transforming outcomes and moving forward

Developing communities of practice Gathering feedback via survey Exploring the 12 steps



### **Facilitators field test**

- 3 hour workshop
- Based around facilitations skills
- Explored role play and how to facilitate
- Explored barriers to facilitation
- Gathered feedback on draft toolkit
- Cultural appropriateness of toolkit intervention

# **NEXT STEPS**



- Development of online course on how to facilitate Respectful Maternity Care workshops
- Collaboration with WHO and others involved with promoting RMC
- On line courses

RESPECTE

MATERNIT



## Thank you



Ann Yates ICM Jude Cottrell Anna Byrom Soo Downe Stephanie Heyes Sheena Byrom

