Jhpiego
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Respectful Maternity Care

innovating to save lives

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Introduction

Advancing respectful, dignified care is critical to increasing facility births and ensuring effective implementation of women's rights-centered approaches in maternal health services. In fact, efforts to increase the use of facility-based maternity care services in low-resource countries are unlikely to achieve desired gains without improving quality of care and focusing on women's experience of care.[i]

Despite overall advances in maternal health outcomes, ensuring women have skilled and respectful care during delivery remains a challenge. In many countries, women are mistreated when delivering in health facilities and unable to make choices or follow practices that put them in control of their own experience.[ii] In addition, health systems are underequipped and health workers are overwhelmed due to inadequate pay, lack of infrastructure, or insufficient staff and supplies; staff may also not receive guidance or supportive supervision to provide respectful maternity care (RMC).[iii]

In the last decades, efforts have been made around the world to emphasize the importance of underlying professional ethics and psychosocial and cultural aspects of health care delivery as essential elements of care. In Latin American and the Caribbean (LAC), the humanization of childbirth movement has been advancing since 2000, achieving significant results including the development and implementation of laws and strategies related to women's rights during childbirth.[iv] Currently, a global movement for RMC promotes respect for women's rights, including respect for their autonomy, dignity, feelings, choices, and preferences.

The World Health Organization's (WHO's) quality of care framework for maternal and newborn health (MNH) includes eight domains, three of which relate to a client's experience of care and are directly relevant to RMC. These three are: effective and responsive communication, care provided with respect and dignity, and emotional support.[v] In addition to investing in multi-country research on mistreatment in childbirth, WHO published several documents relevant to RMC and mistreatment, including a formal statement on prevention and elimination of disrespect and abuse during facility-based childbirth.[vi] In 2014, the International Federation of Gynecology and Obstetrics (FIGO) collaborated with WHO, the International Confederation of Midwives, White Ribbon Alliance, and the International Pediatric Association to develop guidelines for "Mother-Baby Friendly Maternities."[vii]

Recognizing the importance of this subject, the U.S. Agency for International Development (USAID) has funded a complementary set of policy, program, and research efforts to promote RMC since 2010. These efforts include: ongoing advocacy by the White Ribbon Alliance that culminated in a 2011 Respectful Maternity Care Charter; development of a landscape analysis;[viii] and support for ongoing implementation research in Tanzania, Kenya, and Guatemala through the USAID-funded Translating Research into Action (TRAction) project.[ix] This work also led to support for country-level program implementation in RMC by the USAID-funded, Jhpiego-led Maternal and Child Health Integrated Program (MCHIP) and the Maternal Child Survival Program (MCSP).

Jhpiego in Mozambique: Model Maternity Initiative

Jhpiego | MCHIP | MCSP and other partners linked RMC with quality improvement efforts using the Jhpiego-developed Standards-Based Management and Recognition (SBM-R®) approach. Efforts included:

- Defining standards and indicators related to RMC
- Disseminating information about client rights and evidence on RMC practices
- Coordinating/aggregating input from different actors (professional organizations representing obstetricians/gynecologists, pediatricians and nurses; training institutions; health facilities; civil society)
- Providing ongoing pre-service education, in-service training, and supportive supervision for providers
- Showing respect for culture, the right to information and privacy, choice of companion at labor and birth, liberty of movement and position during childbirth
- Scaling-up other MNH interventions

As a result of this work, client and health provider satisfaction, infrastructure and privacy at facilities, and overall performance improved in 124 maternities. Performance improvements included increases, from a level of 0%, for delivery with a companion to 58%, deliveries in a vertical position to 27%, and skin-to-skin contact and early breastfeeding to 87%.

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Jhpiego's work in RMC

Since 2008, through MCHIP, MCSP, and other programs, Jhpiego has supported the implementation of RMC as part of quality improvement efforts within MNH services. This work includes:

Gathering global RMC program experiences

MCHIP conducted a comprehensive survey in 2012 on global experiences implementing interventions to promote RMC. Data were analyzed to serve as a reference for policymakers and program managers planning RMC interventions.[x] Also in 2012, Jhpiego's MNH unit conducted an online survey of 135 Jhpiego clinical staff members documenting experience with disrespectful maternity care and possible solutions. The result of this survey was presented at the FIGO Congress in Rome in 2012.

Developing program tools and templates

In 2013, USAID|MCHIP launched the RMC Toolkit, which includes a package of materials designed to provide clinicians, trainers, managers, and other stakeholders involved in the provision of maternity care with the tools necessary to begin implementing RMC in their work. This toolkit contains program learning documents such as surveys and briefs on country experiences, training materials, tools to assess and improve RMC, and a resource list.[xi]

Disseminating programmatic experience and tools

In addition to dissemination at technical meetings and conferences through briefs, posters, and presentations, MCHIP supported a peer-reviewed article, published in 2015 in *BMC Pregnancy and Childbirth*, that summarized a five-country, cross-sectional study of health facilities in East and Southern Africa.[xii] MCSP also developed a package of training materials in 2016 for **alternative birth positions** to be used in provider sensitization, training, and follow-up. Building provider competence and confidence to support a range of birth positions can help to create more client-centered maternity services that may lead to higher satisfaction and utilization of facility-based childbirth services. The materials to support alternative birth positions include: a session outline, overview presentation, role play guidance, job aids, and a "how-to" guide for doctors and midwives with instructions and pictures on facilitating birth in an all-fours ("birth in hands-knees") position.

Supporting countries interested in promoting RMC as part of quality of care

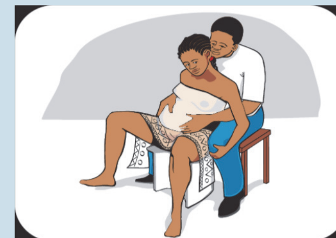
Examples of Jhpiego's current and planned work in Afghanistan, Bangladesh, Ethiopia, Haiti, Kenya Madagascar, Mozambique, Myanmar, Nigeria, Pakistan, Rwanda, South Sudan, Tanzania, and Zimbabwe include:

- Linking RMC with quality of care using SBM-R® and other quality improvement approaches
- Advocacy at country levels, engagement with partners, and mobilization of professional associations to increase awareness and accountability
- Policy-level work, including the introduction of RMC principles into strategic documents such as national policies, work plans, quality standards, and clinical protocols

- Production of information, education, and communication (IEC) materials, and training and sensitization of health providers through in-service training and inclusion of RMC in pre-service curriculum
- Supportive supervision and monitoring, including defining indicators, introducing them into the information system, and supporting facilities to collect, analyze, and use data
- Community mobilization to organize communities to increase awareness of women on RMC
- Continuous promotion of RMC together with other high-impact intervention practices during childbirth
- Coordination with gender efforts to address crosscutting issues that also affect the carers

Supporting Birth in Alternative Positions.

To address a lack of respect for women's preferred birth positions, MCSP developed a resource package on this topic.



Supporting and engaging in local and global advocacy and coordination efforts to elevate the importance of RMC and promote its implementation

In addition to conducting operational and implementation research, MCHIP and MCSP contributed to the organization of, and participated in, relevant meetings such as: RMC Global Council meetings, WHO meetings related to quality/RMC, LAC regional RMC meetings, and a regional meeting convened by MCSP in Tanzania in July 2015. This latter meeting brought together implementers and researchers to review available evidence on RMC and mistreatment in childbirth, and to distill learning related to implementation approaches.[xiii] In addition, MCSP held an RMC implementation and measurement meeting in June 2016 with USAID implementing partners. The objectives were to: 1) synthesize learning to generate guidance for translating RMC evidence into design and implementation of MCSP comprehensive MNH programs; and 2) examine feasible measurement/assessment methods (quantitative and qualitative) and potential indicators that can inform design and iterative learning during implementation.

Jhpiego in Ethiopia: Results of RMC Advocacy

Ethiopia has been investing in advocacy to promote RMC, integrate RMC practices into quality standards and existing training, develop job aids and IEC materials, introduce the concept of RMC at facilities, provide small grants, provide supervisory support, and generate evidence on RMC. Results include:

- Identification of RMC as a priority nationally and key to increasing facility delivery
- Inclusion of components of RMC in SBM-R standards that are now the national MNH quality improvement standards
- Introduction of RMC practices that include allowing cultural rituals in health facilities
- Allowing birth companions in delivery wards in 160 health facilities where Jhpiego has been implementing MNH programs
- Printing and distribution of job aids on RMC
- Observed improvement in provider-client interaction during labor and delivery and better results related to non-abandonment, birth position, and privacy
- Offer of technical support for the government's transformational agenda of creating a companionate, respectful, and caring health workforce in the country

Gender and RMC

RMC is increasingly being linked with gender work as many underpinning determinants of mistreatment are gender-related. Quality standards on gender-sensitive care have been developed and several activities are underway in Afghanistan, Nigeria, Rwanda, and Tanzania. In Tanzania, for example, MCSP is supporting program learning on fostering an enabling environment for the promotion of RMC in MNH services. In Mozambique, Rwanda, and Tanzania, MCSP will work with providers and communities to encourage male involvement in birth planning and antenatal and postnatal care services.

Conclusion

Mistreatment of women during childbirth is a health systems failure and violation of women's rights, as well as an important barrier to increasing facility-based births. Despite several key challenges in the implementation of RMC, implementation research highlights several promising approaches in promoting RMC and reducing mistreatment. Some of these approaches include:

- Implementing a continuous quality improvement process that includes participatory approaches to engage community representatives and health workers

- Breaking down barriers between health workers and clients (e.g., through regular community-facility dialogue)
- "Caring for the carer" by providing psychological support for health workers and examining attitudes
- Strengthening health systems to overcome structural barriers (e.g., lack of commodities and basic infrastructure for privacy in care to clients)
- Incorporating an rmc perspective into in-service and pre-service training
- Ensuring advocacy and policy change at national and local levels

In close collaboration with MCSP, Jhpiego will continue to invest in a targeted program learning agenda to better understand contextual drivers (triggers) of mistreatment, and examine feasible methods for regular assessment and monitoring of RMC and mistreatment in comprehensive MNH programs. This information will be used to develop sustainable approaches for promoting RMC and reducing mistreatment at multiple levels of the health care system (policy/advocacy, district systems, facility, and community).

We need take action so that women won't have to fear that they will be treated poorly during one of the most beautiful and challenging times of their lives. We all have a role in assuring that all women, babies and families receive RMC!

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