

Respectful Maternity Care

Background

Despite overall advances in maternal and newborn health (MNH) outcomes, ensuring that women, newborns, and families have skilled and respectful care during childbirth remains a challenge. In fact, efforts to increase women's and families' utilization of facility-based maternity care services in low-resource settings will not yield desired health and person-centered outcomes without a focus on improving quality and utilization of person-centered care.¹ In many countries, women experience mistreatment during childbirth and are unable to make choices that put them in control of their own experience.^{2,3} In addition to other health system and human resource constraints, staff may not receive guidance or support to provide respectful maternity care (RMC).^{3,4}

During the last decade, the global MNH community has witnessed a rapid expansion of advocacy, research and program implementation focused on improving women's and newborns' experience of care during facility-based childbirth and health care providers' experience of providing care. Since 2010, there has been an explosion of publications focused on defining and measuring RMC and/or mistreatment in childbirth across a wide range of settings. In 2011, the White Ribbon Alliance (WRA) launched a global campaign to promote RMC as a universal human right, culminating in a WRA-led charter for the rights of childbearing women.⁵ Subsequently, the World Health Organization (WHO) published a mixed-methods systematic review of the literature on mistreatment in childbirth in 2015 that identified seven core mistreatment themes: physical abuse, sexual abuse, verbal abuse, stigma and discrimination, failure to meet professional standards of care, poor rapport between women and health care providers, and health system conditions and constraints. The absence or lessening of mistreatment in childbirth does not, however, guarantee respectful, dignified care for women and newborns in childbirth.

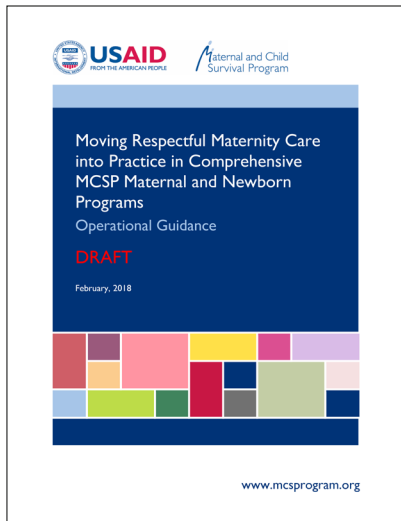
As the issue of mistreatment gained increasing recognition, WHO and others have incorporated RMC (or experience of care) into a number of global recommendations and strategies (see box at right). For example, WHO published a 2015 quality of care (QoC) vision for MNH that includes eight aspirational standards of quality MNH care, of which three relate directly to experience of care: effective communication, respect and dignity, and emotional support.⁶ In addition, 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.⁷



Photo by Paul Joseph Brown, Jhpiego, Nigeria.

Global Documents, Recommendations and Strategies with RMC and Experience of Care

- 2011 WRA RMC Charter
- 2014 formal statement on the prevention and elimination of disrespect and abuse
- 2014 Mother-Baby Friendly Birthing Facilities
- 2015 Quality of Care Vision and Standards
- 2016 *WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience*
- 2017 Second Edition of *WHO's Managing Complications in Pregnancy and Childbirth*
- 2018 *WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience*
- 2018 WHO's Quality, Equity, Dignity multicountry network, for which efforts are ongoing to monitor experience of care (RMC) indicators



The RMC Operational Guidance
Available on MCSP website

Jhpiego's Work in RMC

Through the Jhpiego-led United States Agency for International Development (USAID)-funded Maternal and Child Health Integrated Program (MCHIP) and Maternal and Child Survival Program (MCSP), and many other country-level programs, Jhpiego has promoted RMC as a central element of high-quality, safe and person-centered MNH care. Jhpiego has supported RMC, including the reduction of mistreatment, through global technical leadership and country-level implementation in Afghanistan, Democratic Republic of the Congo (DRC), Ethiopia, Guatemala, Guinea, Mozambique, Nigeria, Rwanda and Tanzania.

There is no one-size-fits-all approach when it comes to ensuring respectful childbirth care. MCSP works with country partners to identify and test solutions for preventing mistreatment and promoting RMC tailored to each country's context.

Source: MCSP's "Respect during Childbirth Is a Right, Not a Luxury" blog post

Global Technical Leadership for RMC

The MCSP RMC Operational Guidance

Despite recent policy, program and research efforts in RMC, evidence on successful implementation approaches for promoting RMC and reducing mistreatment in facility childbirth as part of comprehensive maternal and newborn programs is more limited. Therefore, MCSP developed the RMC Operational Guidance (OG) to guide implementers of comprehensive MNH programs through a stepwise, flexible process to design, implement and monitor efforts to improve women's experience of care and eliminate mistreatment in childbirth based on local context. The document includes resources and references that can be adapted to the specific needs of country MNH programs seeking to strengthen RMC and reduce mistreatment in childbirth, and highlights several promising approaches to promote RMC. Unfortunately, there is no magic bullet to reduce mistreatment and improve RMC. The published and gray program literature demonstrates the importance of locally defined, multifaceted interventions tailored to each country's context. Illustrative examples of approaches described in the literature at various system levels include:

- National and local advocacy and policy work (national policy; district or facility charter)
- Facility-based quality improvement processes incorporating community participation
- Maternity open days to demystify birthing practices and mitigate any fears regarding childbirth in a facility
- Interventions that support health care providers (Caring for the Carer)
- RMC as a key component of pre-service and in-service education and training, including values clarification and attitude transformation
- Alternative dispute resolution to establish joint facility and community mechanism to resolve and seek redress for mistreatment incidents
- Citizen monitoring or participatory/social accountability mechanisms (e.g., community scorecards that include measures of families' reported experience of care)
- Strengthening local health systems to overcome structural barriers (lack of commodities, lack of basic infrastructure)

Jhpiego/MCHIP/MCSP Peer-Reviewed Articles: RMC and Gender

- Rosen HE, Lynam PF, Carr C, et al. 2015. Direct observation of respectful maternity care in five countries: a cross-sectional study of health facilities in East and Southern Africa. *BMC Pregnancy Childbirth*. 15:306. doi: 10.1186/s12884-015-0728-4.
- Betron ML, McClair TL, Currie S, Bannerjee J. 2018. Expanding the agenda for addressing mistreatment in maternity care: a mapping review and gender analysis. *Reprod Health*. 15:143. doi: 10.1186/s12978-018-0584-6.
- McMahon SA, Mnzava RJ, Tibaijuka G, Currie S. 2018. The “hot potato” topic: challenges and facilitators to promoting respectful maternal care within a broader health intervention in Tanzania. *Reprod Health*. 15:153. doi: 10.1186/s12978-018-0589-1.
- Sethi R, Gupta S, Oseni L, Mtimuni A, Rashidi T, Kachale F. 2017. The prevalence of disrespect and abuse during facility-based maternity care in Malawi: evidence from direct observations of labor and delivery. *Reprod Health*. 14:111. doi: 10.1186/s12978-017-0370-x.

Review: Gender Inequality in RMC Literature

Many health facilities fail to deal with the gendered aspects of care, access and delivery. Gender inequalities and unequal power dynamics impede respectful care for clients, as health care providers may practice gender discrimination toward clients, including physical, sexual and emotional abuse; non-consented care; and a lack of privacy. Due to gender inequality, female providers may lack a voice within their profession and experience mistreatment themselves, which may also negatively impact the care they provide. Jhpiego helps health care providers take action to ensure gender-sensitive, respectful services are provided and has added to the global knowledge base through the development of peer-reviewed articles.

MCSP published an article in 2018 in *Reproductive Health* (see textbox at left) that responds to the global call to action for RMC by examining whether and how gender inequalities and unequal power dynamics in the health system undermine QoC or obstruct women’s capacities to exercise their rights as both users and health care providers of maternity care.⁸

WHO QoC Multicountry Network for Improving MNH Care

As co-chair of the QoC MNH network monitoring working group, MCSP co-designed the network monitoring framework, which includes: 1) a flexible catalog of quality measures, including client-reported experience of care measures, for selective use as appropriate by district managers and frontline maternity teams, and 2) a set of 12 “common” quality measures for monitoring across all learning sites in network countries. Three of the 12 common quality measures are client-reported experience of care indicators related to effective communication, respect and dignity, and emotional support.

Global and Regional Advocacy on RMC

Jhpiego is an active member of the Global RMC Council (convened by the WRA), which serves to exchange information and learning on respectful care and reduction of mistreatment and abuse. Jhpiego has presented RMC-related program learning and materials at key regional and global venues, including the 2016 and 2018 International Federation of Gynecology and Obstetrics conferences, WHO meetings related to QoC and RMC, and Latin America and Caribbean (LAC) regional RMC meetings. As an Executive Steering Committee member of the LAC Regional Maternal Mortality Reduction Task Force since 2012, Jhpiego, through MCSP, has promoted quality care and RMC best practices within the LAC region by overseeing the inclusion of RMC in key regional documents and through participation in the organization of regional meetings on RMC (Panama, November 2016, and Trinidad and Tobago, October 2017) to identify opportunities and priority interventions for advancing RMC in the LAC region. Through MCSP, Jhpiego played a key role in convening regional and global stakeholders (including RMC advocates, researchers and program implementers) at a regional meeting in Tanzania in July 2015 and at a global meeting in Washington, DC, in June 2016, which generated outputs that led to the creation of the RMC OG.

Supporting Birth in Alternative Positions

MCSP developed a resource package to help providers support childbirth in a range of positions, found at: <https://www.k4health.org/sites/default/files/alternativebirthpositions.pdf>

Provider Support Materials: Alternative Birth Positions

Under MCSP, Jhpiego developed a resource package on alternative birth positions. One key component of client-centered care is the woman's right to assume the position of her choice during labor and birth. This resource can be used in health care provider sensitization, training and follow-up, including as part of multifaceted interventions to promote RMC if prioritized by local stakeholders. MCSP developed the resource to build doctors', nurses' and midwives' competence and confidence to support a range of birth positions based on individual women's preferences and help create more client-centered maternity services. The resource package materials include a session outline, overview presentation, role-play guidance, job aids and a how-to guide with instructions and pictures on supporting a range of birth positions based on a woman's preference.

Country-Level Implementation Examples

Applying the RMC OG in Guatemala and Nigeria

In 2018, MCSP began implementing programmatic processes from the RMC OG as part of comprehensive MCSP-supported MNH programs in the Western Highlands of Guatemala and in Ebonyi and Kogi states in Nigeria. MCSP country teams engaged with stakeholders at subnational and/or national levels to discuss proposed activities for understanding drivers and manifestations of RMC and mistreatment to inform the participatory local co-design of context-specific and appropriate responses. MCSP conducted a formative assessment, using quantitative and qualitative methods, to understand how women, families, health care providers and managers perceive and experience mistreatment and respectful care during childbirth in the facilities. With this assessment, the program team has been able to analyze and evaluate more broadly the context within which mistreatment and/or respectful care occurs.

In Nigeria, the formative assessment builds on MCSP's introduction of the globally recognized Health Workers for Change curriculum, which helps providers reflect on why they became health workers, harmful gender attitudes and how clients see the providers. MCSP convened meetings in Kogi and Ebonyi states to share preliminary assessment findings with local stakeholders to inform the prioritization

of interventions to promote RMC and reduce mistreatment. In Guatemala, stakeholders from the ministry, facility and community will convene to review the assessment findings and to define and co-design key activities to reduce mistreatment and promote respectful care based on assessment findings. MCSP is in the process of developing individual and comparative manuscripts based on this early country implementation learning to augment current evidence and help advance efforts to integrate RMC interventions into large MNH programs.

A Better Experience of Care through Group Antenatal Care in Kenya and Nigeria

Jhpiego has developed a group antenatal care (G-ANC) model that aims to transform service delivery to be more women-centered by building respectful care into the design model. Although not explicitly an RMC intervention, G-ANC was created to address the poor quality of ANC provision and ANC experience for most pregnant women. As an alternative to individual ANC, women at their first ANC visit are offered the opportunity to join a group of women of similar gestational age and receive subsequent care throughout their pregnancy together.

- Jhpiego introduced G-ANC in 10 facilities in Kenya and 10 in Nigeria, and conducted a cluster-randomized control trial from 2016–2018.
- Results are promising: In both countries, G-ANC was associated with increased satisfaction of women and providers, and improved service utilization.

Model Maternity Initiative in Mozambique

Through MCHIP and MCSP, Jhpiego contributed to significant improvements related to client and health provider satisfaction, infrastructure, and privacy at 124 health facilities offering maternity care. Illustrative performance improvements include substantial increases in the proportion of deliveries in which a woman had a companion and delivered in a vertical position, and the proportion of deliveries followed by early initiation of skin-to-skin contact and breastfeeding for the newborn.

Informed Consent and Client Communication in DRC

Through funding from the Bill & Melinda Gates Foundation, Jhpiego is leading a program in DRC to build the clinical capacity of health care providers in 16 facilities in Kinshasa. Jhpiego has worked with local stakeholders to integrate RMC into the in-service curricula and follow-up, emphasizing informed consent and clear,



A midwife holds the hand of a woman in labor at a hospital in Gusau, Nigeria. Photo by Karen Kasmauski, MCSP.

respectful communication with clients and their families. Though program results are pending, anecdotal evidence from training participants is promising and demonstrates that the inclusion of RMC in skills updates has become an important aspect of improving QoC by health care providers.

Promoting RMC and Addressing Mistreatment in Ethiopia

Jhpiego, through MCHIP, MCSP and other programs, has worked to strengthen provision of RMC in Ethiopia for many years. In 2016, MCSP conducted a study on mistreatment of women in public health facilities in Tigray, Amhara, Oromia, and Southern Nations Nationalities and Peoples regions to assess facility-level norms and policies related to RMC, measure prevalence of mistreatment, and generate evidence on the types of mistreatment experienced by women at MCSP-supported sites. Findings from the study informed Jhpiego's continued advocacy on allowing companions of choice during labor and delivery, support for alternative birthing positions and cultural rituals, community sensitization around rights of childbearing women, and incorporation of RMC into pre-service and in-service education.

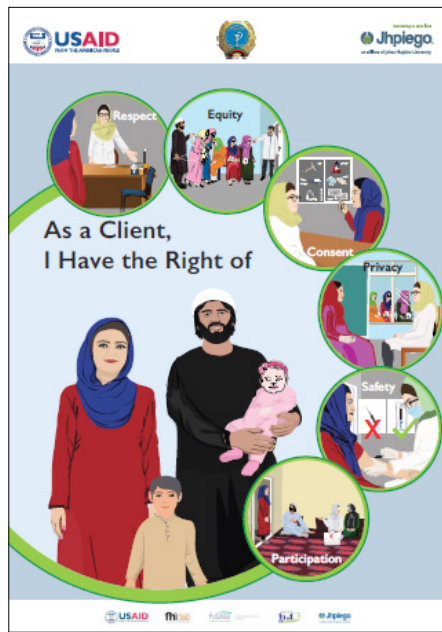


Figure 1. Posters developed by Jhpiego and partners in Afghanistan to build awareness about the right to RMC.

“There is improvement in how clients are welcomed and in the care that is provided. We explain what we are doing and ask if there are questions and respond to them, giving them moral support.”

-Provider after receiving training
Gates Foundation-Funded DRC Program

Gender Dynamics and Quality Care in Rwanda

Working with partner Promundo, MCSP/Jhpiego conducted the study “Understanding Gender and QoC for RMNH Services in Rwanda: A Mixed-Methods Study in Three Districts” to better understand whether and how provider-client gender and power dynamics affect male and female clients’ and health care providers’ perceptions and experiences of reproductive, maternal and newborn health care (RMNH) and its quality, including how men’s presence at RMNH services impacted women’s experiences and receipt of care. It uncovered serious instances of mistreatment in service delivery related to gender discrimination, including physical abuse, undignified care and prioritizing care involving men/or couples over care for single women.

Raising Awareness About the Right to Receive RMC in Afghanistan

Jhpiego, in collaboration with UNICEF, undertook a national QoC assessment in 2016. It used the results of this formative research to identify factors that should be considered in program design and approaches for promoting respectful care. Jhpiego subsequently carried out an RMC qualitative study in 2018 to better understand women’s and providers’ experiences and expectations during facility birth, including their perceptions of RMC and mistreatment. Preliminary results point to the challenges surrounding the provision of RMC in conflict

settings with a fragile health system, since the provision of RMC is dependent on supportive environments for the providers. At the community level, Jhpiego has oriented community health workers on the rights of women and newborns to receive RMC. Community health workers are including these concepts in the counseling of pregnant women, in part through the use of pictorial posters (see Figure 1).

Integrating RMC and Gender in Tanzania

In 2014, Jhpiego Tanzania decided to weave components of RMC into MCSP, given recognition of the importance of RMC in promoting quality and utilization of facility-based childbirth. Jhpiego engaged with community stakeholders (regional and district administrators, religious leaders, school heads and politicians) to combine and roll out gender and RMC messages through sensitization and capacity-building workshops on reducing mistreatment and addressing RMC. In 2018, MCSP published a commentary to highlight challenges and facilitators to promoting RMC within an existing MNH program. This commentary, “The ‘hot potato’ topic: challenges and facilitators to promoting respectful maternal care within a broader health intervention in Tanzania,” was published in *Reproductive Health in 2018*. Under the USAID-funded Boresha Afya project, Jhpiego and partners continue to program RMC activities, with a focus on building the evidence for integrating RMC



Photo by Kate Holt, Jhpiego, Liberia.

efforts into comprehensive MNH programs. Activities include building the capacity of mentors and supervisors to be gender/RMC champions to spearhead changes of attitude among health care providers and equip them to demonstrate client-centered care. At the community level, the program is addressing mistreatment and gender-based violence through community dialog activities.

Implementing Promising Approaches for RMC Promotion and Mistreatment Reduction in Guinea

As part of USAID's Health Service Delivery Project, Jhpiego has been implementing promising approaches for RMC promotion and mistreatment reduction in Guinea, in the regions of Kankan and Conakry. In consultation with local stakeholders, Jhpiego selected the approach of Maternity Open Days as a way of engaging the community on the issue of mistreatment and QoC. Maternity Open Days aim to increase informal interaction between pregnant women, families and health care providers and to increase families' familiarity with and, potentially influence over, maternity services. In addition to developing a checklist on how to organize a Maternity Open Day, Jhpiego has incorporated several elements of RMC into Basic Emergency Obstetric and Newborn Care trainings and follow-up supervision materials. These materials emphasize the importance of both clients' and providers' rights and responsibilities for good

pregnancy outcomes, and touch on the psychological support providers need to carry out RMC. These materials comprise a comprehensive RMC toolkit adapted to the Guinea context and translated into French, which includes PowerPoint slides, RMC standards for antenatal, delivery and postnatal care, job aids, and videos (from the Global Health Media Project).

Conclusion

Many individuals, organizations and governments are working to ensure that all women and newborns are provided with compassionate, dignified and respectful childbirth care as a fundamental human right. Through global technical leadership and country-level implementation, Jhpiego will continue to encourage leadership and commitment to RMC at the national level and to support sustainable, country-led approaches for promoting RMC and reducing mistreatment across multiple levels of the health system, including district, facility and community. Through sustained investments in implementation linked to continuous learning, Jhpiego, through global programs such as MCSP and through country-level programs, is helping to build the evidence about context-specific drivers of mistreatment and feasible methods for advancing and monitoring respectful care as an integral element of improve quality of childbirth and postnatal care for women, newborns and providers.

1. Kruk ME, Gage AD, Arsenault C, et al. 2018. High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet Glob Health*. doi: 10.1016/S2214-109X(18)30386-3.
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3. Bohren MA, Vogel JP, Hunter EC, et al. 2015. The mistreatment of women during childbirth in health facilities globally: a mixed-methods systematic review. *PLoS Med*. 12(6):e1001847. doi: 10.1371/journal.pmed.1001847.
4. Filby A, McConville F, Portela A. 2016. What prevents quality midwifery care? A systematic mapping of barriers in low and middle income countries from the provider perspective. *PLoS One*. 11(5): e0153391. doi: 10.1371/journal.pone.0153391.
5. White Ribbon Alliance (WRA). 2011. *Respectful Maternity Care: The Universal Rights of Childbearing Women*. Washington, DC: WRA.
6. World Health Organization (WHO). 2016. *Standards for Improving Quality of Maternal and Newborn Care in Health Facilities*. Geneva: WHO.
7. WHO. 2014. *The Prevention and Elimination of Disrespect and Abuse during Facility-Based Childbirth*. Geneva: WHO.
8. Betron ML, McClair TL, Currie S, Bannerjee J. 2018. Expanding the agenda for addressing mistreatment in maternity care: a mapping review and gender analysis. *Reprod Health*. 15:143. doi: 10.1186/s12978-018-0584-6.

