

Respectful Maternity Care: The Deserved Right of all Women

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Learning Outcomes

At the end of this chapter the reader should be able to:

1. Define Respectful Maternity Care (RMC).
2. Describe the content of RMC.
3. Describe avenues for promotion of RMC.
4. Present key recommendations.

Introduction

The way women are treated in antenatal and childbirth is increasingly becoming a hot topic. In developed countries, human rights groups and campaigners are insisting that this is a fundamental issue of human rights and the media are responding to women's call for dignity and respect during childbirth. Therefore, making skilled health care accessible for safe childbirth events is the right of every woman but the quality of that care is crucial (Erlandsson, Sayami & Sapkota, 2014). The memories of childbirth events are usually lifetime experiences. Unfortunately, pregnant women seeking maternity care often receive varying degrees of ill treatment ranging from relatively subtle lack of respect for their autonomy and dignity to outright abuse. The obnoxious abuse includes physical assault, verbal insults, discrimination, abandonment, or detention in facilities for failure to pay. The fact that this fear of being badly treated and abused in health facilities is holding women back from seeking necessary health care is obvious in literature. There is no doubt, the unacceptable ill treatment of the women in dire need of health care is proving to be as big a deterrent as the cost of care and transport. Therefore, it is a right step in a right direction that the White Ribbon Alliance (WRA) network, which includes thousands of midwives and midwifery organizations globally, is focusing on promoting respectful maternity care. In partnership with the health policy project, White Ribbon Alliance wants the world to follow one standard best practice on maternity care. Respectful maternity care (RMC) is an approach that focuses on the interpersonal aspect of maternity care; emphasizes the fundamental rights of the mother, newborn

and families, including protecting the mother-baby pair; recognizes that all childbearing women need and deserve respectful care and protection of the woman's right to choice and preferences.

Historical Background of RMC

Some providers, advocates and activists have been actively concerned for the respectful care of women seeking maternal health services. Many of the elements of the "Humanization of Childbirth" movement can be seen in the respectful maternity care movement.

- 1975** Birth of the Humanizing Childbirth movement (Brazil).
- 1985** WHO/PAHO conference on appropriate technology for birth (Brazil).
- 1996** Mother-Friendly Childbirth initiative (USA).
- 2000** First international conference on Humanizing Childbirth in Fortaleza (Brazil).
- 2010** USAID/URC supported landscape analysis on abuse and disrespect in childbirth care.
- 2011** Respectful maternity care charter, White Ribbon Alliance (WRA).

Key Stakeholders in RMC

Respectful maternity care respects the women's rights and preferences, but also appreciates, compensates and respects health care providers. Health care providers who feel respected and valued are more likely to show respect to the women seeking maternity care. Likewise, the community and national leaders have vital roles to play in ensuring respectful maternity care for women seeking maternity care.



Fig. 8.1: Key Stakeholders in RMC

The aim of the White Ribbon Alliance is to make the seven aspects of the Universal Rights of Childbearing Women Charter the basis of maternity care systems around the world. Therefore, the maternal and child health as well as the midwifery specialists in sub-Saharan Africa including Nigeria should advocate with the respective national policy makers to endorse and adopt the charter. Workshops should be held in the various countries to help midwives understand their rights and to respect their patients. In Nepal, the White Ribbon Alliance supported the national alliance members to ensure the charter is incorporated into the new, national safe maternity bill, in countries such as Kenya, Bangladesh and Yemen, the alliance has helped create action plans to address disrespect and abuse. Similarly, in London, regular meetings to raise awareness of respectful maternity care are organized by midwives and health workers. To do less in Nigeria is unacceptable. Therefore, all stakeholders must rise up to the challenge and promote RMC in the way they can.

Rights in Respectful Maternity Care

There are varying degrees of health care practices that mimic jungle practice, which health care providers always engage in. Often, health care may be centred on the professional who is giving the care, and making the care convenient and comfortable for the health care provider rather than for the woman. This also does not in any way empower the woman and thus robs her of the dignity she deserves.

One, every woman has the right to information, informed consent and refusal, and respect for her choices and preferences, including companionship during maternity care. This implies that no one can force a woman or do things to a woman without her knowledge and consent. Every woman needs a careful explanation of proposed procedures in a language and at a level they can understand so they can knowingly consent to or refuse a procedure (informed consent). When informed consent is not granted, it may be due to a patient's lack of understanding, language difficulties, level of education, or cultural background. Examples of non-consented care include health care providers not giving women the proper information about medical procedures; health care providers not asking for women's permission to conduct medical procedures such as caesarean sections, episiotomies, hysterectomies, blood transfusions, sterilization, augmentation of labour; and women feeling coerced into a medical procedure, such as a caesarean section.

Two, every woman has the right to privacy and confidentiality. Hence, no one can expose a woman or her personal information. Therefore, health care providers must do everything possible to protect the privacy and confidentiality of women and their information. This includes privacy and confidentiality during counselling, physical examinations, clinical procedures, and when handling patients' medical records and other personal information. Violations of privacy and confidentiality for women who give birth in facilities can include having to labour and deliver in presence of others (without privacy barriers such as curtains); and having health care workers share sensitive information, such as a woman's HIV status, age, marital status and medical history, in a way that other people can hear.

Three, every woman has the right to be treated with dignity and respect. Thus, no one can humiliate or verbally abuse a woman for any reason. Service providers must ensure that women are as comfortable as possible during procedures. Every woman seeking care is a person of value and has the right to be treated with respect and consideration. Moreover, women should be encouraged to express their views freely, even when they differ from the views of the service providers. Service providers also need to ask women who visit facilities for feedback. Cases have been reported of midwives scolding women seeking care and using derogatory words by telling them they are stupid. There are also reports of women being told to stop pretending they were in pain and to stop crying. Other examples of non-dignified care during childbirth can include intentional humiliation, blaming, rough treatment, scolding, and shouting. However, it is very necessary to say that a

woman's description and perception of non-dignified care may be context specific. This means that an example from one country may not be relevant in others. For example, a woman may perceive eye contact, a smile, and a handshake from a male provider as polite in one culture but disrespectful in another.

Four, every woman has the right to equality, freedom from discrimination and equitable care. It implies that no one can discriminate because of something they do not like about a woman seeking care. All women are equal and therefore must be treated with respectful care regardless of their ethnic background, culture, social standing, educational level, or economic status. For example, in some areas of Sierra Leone and parts of Nigeria, it is believed that obstructed labour is caused by infidelity, which may result in caregivers in either formal or non-formal facilities blaming the condition on a woman's past behaviour, insisting that she confess and addressing the "immoral behaviour" instead of focusing on the health situation at hand. The examples of discrimination during childbirth may be based on a woman's race (a form of xenophobia), ethnicity, age, language, HIV status, traditional beliefs and preferences, economic status, or educational level.

Five, every woman has the right to health care and to the highest attainable level of health. No one has the right to prevent a woman from getting the maternity care she needs. However, instead of receiving attentive care, women are sometimes left to deliver by themselves, but a woman who is in labour or has just given birth should never be left alone.

At health facilities, women should be able to have a companion of their choice, such as a family member, with them throughout labour and birth to provide Continuous support. Examples of abandonment include: (i) Women at a facility being left alone during labour and not receiving any medical attention; (ii) Women giving birth by themselves, or having other patients assist them; (iii) Women not being allowed to bring a companion into the birthing area; and (iv) Providers failing to monitor women in labour and intervene in life-threatening situations.

Lastly, every woman has the right to liberty, autonomy, self-determination, and freedom from coercion. Therefore, no one can detain a woman or her baby without legal authority. Some health facilities have been known to detain or prevent women from leaving with their babies, because they cannot pay their bills. This is usually only for a day or two, but there are reports of patients being held for weeks and months. Even women whose babies have died have been detained because they could not pay their bills. Bowser & Hill (2010) identify seven major categories of

disrespect and abuse that occur during maternity care. Tables 8.1 and 8.2 below illustrate the categories of disrespect/abuse with examples and the corresponding human rights that must be upheld in maternity care and service practice.

Table 8.1: Seven categories with examples of disrespect and abuse

S/N	Types of abuse/ disrespect	Examples of abuse/disrespect
1	Physical abuse	Slapping, pinching.
2	Non-consented care	Absence of informed consent or patient communication, forced procedures.
3	Non-confidential care	Lack of privacy (e.g. labouring in public) and/or confidentiality (e.g. disclosure of patient information).
4	Non-dignified care	Intentional humiliation, rough treatment, scolding, shouting, blaming, negative perceptions of care.
5	Discrimination based on specific patient attributes	Discrimination based on race, ethnicity, age, language, HIV status, economic status, educational level, etc.
6	Abandonment of care	Women left alone during labour and birth, failure of providers to monitor women and intervene when needed.
7	Detention in facilities	Detention of mother and/or baby in facility after delivery, usually due to failure to pay.

Table 8.2: Types of abuse and corresponding human right in maternity care

S/N	Types of abuse/ disrespect	Human Right in Maternity Care
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 from coercion.

Source: Bowser and Hill (2010)

Benefits of RMC

In contrast to medically oriented care, RMC promotes:

- Respect for beliefs, traditions and culture. These all form part of who the woman is.
- Empowerment of the woman and her family to become active participants in health care. Women should be participants rather than “objects” of care.
- Continuous support with the companion of choice during labour. Continuous support during labour has been shown to facilitate improved health outcomes for mother and baby’.
- Freedom of movement during labour so that the woman is not confined to a bed or table.
- The right to information and privacy. Keeping the woman and family “in the dark” is a barrier to effective and respectful care, just as failing to observe a woman’s need for privacy is a violation of her need for respectful care.
- The right to choice of position during childbirth.
- Good communication between client and service provider.
- Support of the mother-baby pair.
- Improvement of working condition, respectful and collaborative relationships among all cadres of health workers.
- Prevention of disrespect, abuse and institutional violence against women.

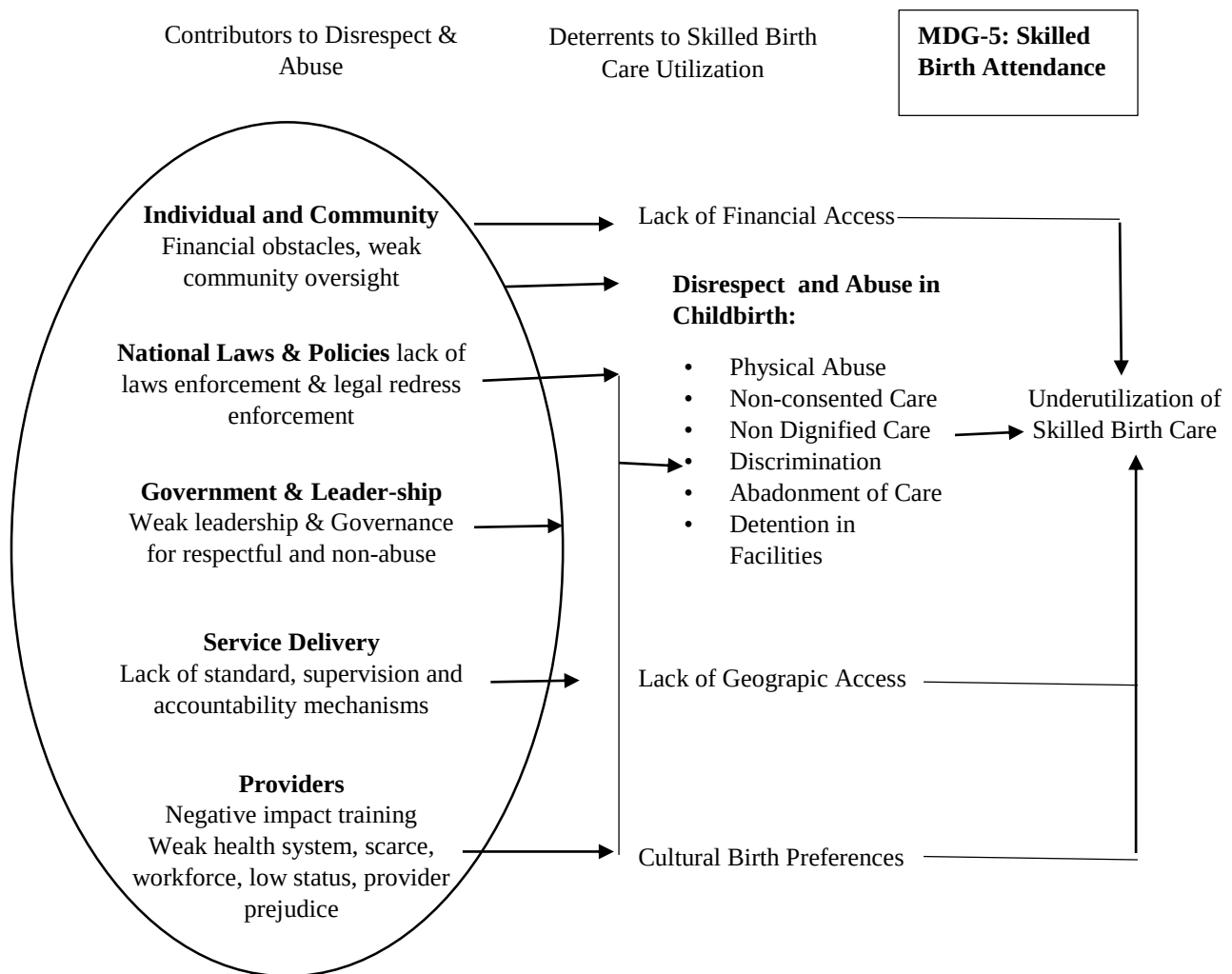


Fig. 8.2: Contributors to and impact of disrespect and abuse in childbirth on skilled care utilization

Source: Hill & (2010)

The Ripple Effect of Denying Women RMC

RMC is life saving. However, women may refuse to seek care from a provider who abuses them or does not treat them well, even if the provider is skilled in preventing and managing complications (ACCESS Program, 2008). This is likely to be one of the reasons for women either seeking antenatal and childbirth care in non- formal centres or ending up with home delivery without help of skilled birth attendants.

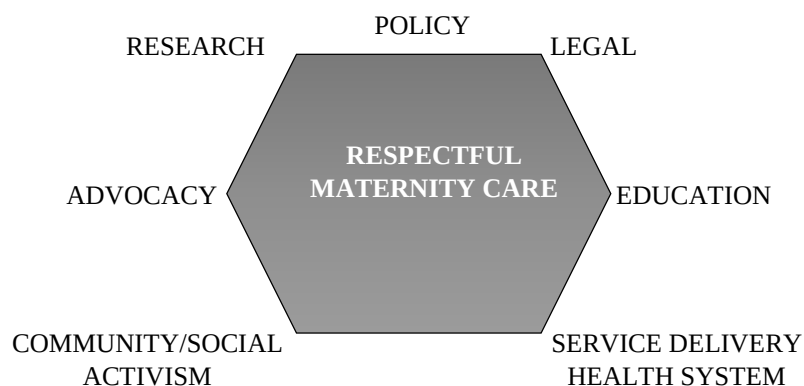


Fig. 8.3: Key action points to promote RMC

Since the vision is to see that all women enjoy RMC, some general recommendations would be to:

- Include advocacy at all levels to create functional networks among the wider body of stakeholders. We have spoken of the various stakeholders who can collaboratively be involved in RMC. Advocacy may be needed among each group.
- Involve community and media in each step of the process. This is another part of advocacy and ensuring broad community involvement.
- Where data is absent, conduct studies on women's preferences and choices related to respectful maternity care. In some places you may have a good understanding of women's preferences and choices, but in other places research may be needed.
- Ensure political commitment at the national, district and local levels so that appropriate policies and standards are in place. Commitment, including budgetary commitment must be present at all levels.
- Professionals and communities should collaborate in all planning, implementation, and evaluation of RMC. Planning and evaluation are just as important as implementation. All stakeholders must be involved at each step.
- Knowledge, skills and attitudes that support RMC must be required in all education and training programmes that involve health care workers. Graduates from medical, nursing and midwifery schools must be competent in respectful maternity care; and in-service training must incorporate these competencies as well in order to have sustained institutionalized RMC in place.

- Mobilize resources to support implementation of RMC. Not only are financial resources needed, but human resource and resources for communication are also necessary.

Raising Awareness and Generating Demand from Civil

Society for RMC Rights

If public awareness of respectful maternity care is to be raised, the following are some ideas and tools to do this.

Distribution of the RMC poster and brochure

In order to raise the visibility of RMC, the following are ways information on R M C can be shared with the public and other relevant groups:

- Making and posting copies of RMC poster in clearly visible areas where people gather e.g. the market, health clinics, factories, bus stations and libraries.
- Placing copies of the RMC brochure in public places where people are likely to take one e.g. libraries, banks, lounges, hotels/motels.
- Setting up of an informational booth about RMC during special social events.
- Identifying relevant meetings or other opportunities where you can distribute RMC materials.
- Developing individual RMC materials for distribution. These could take the form of a storyboard or a cartoon that uses pictures or illustrations to describe RMC rights.

Hosting of an event

Formation of a discussion group: Discussion groups can be as formal or informal as individuals would like them to be. Examples include a group of friends who meet weekly to share their thoughts and experiences or a one-time meeting of concerned citizens to discuss the importance of RMC. One of the RMC PowerPoint presentations can also be used to achieve this. The presentations are made at three different audiences and address the issue from different perspectives: advocacy, human rights, and clinical.

- (i) ***Staging of RMC-focused community theatre:*** The merit of live drama is that it gives audiences a chance to experience real and hypothetical situations in a personal, non-threatening way. Many forms of theatre engage the audience in the action. Post-show discussions will allow audience members talk about what happened in the performance

and propose actions to solve problems. Performances can be held in any number of locations: open space beneath a tree, a market street, at the back of a truck, or formal stages.

- (ii) ***Writing songs or holding concerts:*** Music is an integral part of every culture and inspires both singing and dancing. It also allows for message repetition, which can aid people's recollection of specific information. Music easily attracts crowds and songs and dancing can draw people to events. Songs can reach an even larger audience and have a stronger impact when they are broadcast on the radio.
- (iii) ***Hosting a film screening:*** The film of the White Ribbon Alliance titled Break the silence: respectful maternity care can be shared, while a discussion can be held afterward. One can also develop one's own film. The media should be invited to the event!

Planning ahead to engage the media in all events

In order to involve the media in all events meant to create awareness, the activities outlined below will be very useful to accomplish the aim.

- Request that media outlets announce the RMC event in their community calendars.
- Contact reporters who cover community events and pitch your event as a feature story'.
- Prepare a "news alert" or invitation that clearly states the theme, date, time, place and other details.
- Send or deliver b hand the invitations several day's in advance.
- Call key media outlets and contacts one or two days before the event to remind them about it.
- Prepare a sufficient number of media kits to distribute at the event.

Use of social media

In addition to the aforementioned awareness tips, the internet can help create buzz and heighten people's interest in and understanding of RMC. One could start the conversation by creating a Facebook page, YouTube channel, or Twitter account about RMC. Individuals can spread information through messages, pictures, videos, and tweets, and invite their colleagues and friends to join the conversation.

Conclusion

Disrespect and abuse of childbearing women must stop. Every woman, receiving health care during pregnancy and childbirth, has the right to freedom from harm and ill treatment. She has the right to information, informed consent/refusal and respect for her choices and preferences, including the right to her choice of companionship during maternity care whenever possible. Besides, she has a right to privacy and confidentiality, treatment with dignity and respect, equality, freedom from discrimination, and equitable care, health care and the highest attainable level of health. Moreover, right to liberty, autonomy, self-determination, and freedom from coercion are due her.

When a woman experiences disrespect and abuse during facility-based care, her rights are being violated. Oftentimes when this happens, more than one of her seven rights is being violated at the same time. Around the world, in both wealthy and poor communities and countries, women have been, and are, experiencing disrespect and abuse. All women deserve respectful and dignified care during pregnancy and childbirth.

Every member of the society has the power to raise public awareness of and generate civil society demand for RMC rights in their community. It should be noted that, RMC is a sensitive issue, so individuals must keep their discussions positive and avoid blaming and shaming. Therefore, everyone is advised to be creative and think of innovative ways they can engage and involve their community to learn more about RMC. When we speak out and demand respectful care, we make it salt' lot women everywhere to do so.

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