

## EDITORIAL

## Achieving Inclusive and Respectful Maternity Care

A basic constituent of quality maternal and newborn care is access to care that is safe, inclusive and respectful, and enables women to have dignity, determination & control.<sup>1</sup> Women and their families also need to feel included and engaged in order to optimize access to, and use of, available health services and facilities. Never the less, this is not always what women experience—a lack of respectful maternity care is a key reason why many women do not choose to access health facilities for care during childbirth.<sup>2,3</sup>

According to global estimates for 2017, nearly 295,000 maternal deaths occurred worldwide. Thus, approximately 810 women die every day due to pregnancy-related complications. This burden of maternal deaths in LMICs is primarily due to poor healthcare service utilization, as indicated by relatively low rates of institutional deliveries and skilled-birth attendance (SBA).

Respectful and inclusive maternity care is a human right, reflected in the Human Rights Council's 2012 Technical guidance on the application of a human-rights-based approach to the implementation of policies and programs to reduce preventable maternal morbidity and mortality,<sup>4</sup> and the Universal Rights of Child-bearing Women Charter from the White Ribbon Alliance.<sup>5</sup> These documents highlight the need for an effective and functional health system in order to ensure equitable and dignified health care for all women. It is imperative that health systems meet the needs of women equitably, and enable women to participate in decisions that affect their reproductive health and the health of their babies. The importance of valuing and supporting the health workforce is also recognized as a critical element to achieving these goals.

The quest should begin by describing what is meant by disrespectful care and outlines the key evidence to illustrate the magnitude of the problem. The importance of health systems and clinicians providing respectful maternity care is explained, followed by a list of strategic and practical actions. The World Health Organization (WHO) has recently released a recommendation on respectful maternity care during labor and childbirth.<sup>6</sup>

A 2014 systematic review of qualitative studies (qualitative evidence synthesis showed that a number of aspects of care that could be seen as disrespectful, abusive or neglectful impacted on women's experiences

and decisions.<sup>3</sup> These included a lack of privacy in a facility, lack of supportive attendance during birth and being subjected an excessive number of intrusive vaginal examinations, which were described by women as uncomfortable and dehumanizing. A fear of being operated were also barriers to women attending a facility for birth and contributed to women's poor experiences of care. This review highlighted the importance of addressing low-quality or disrespectful care at facilities, not just to reduce barriers to facility birth, but also to improve the overall experience of care for women and families.<sup>3</sup>

Its significant to understand what is disrespectful maternity care. A landscape analysis undertaken in 2010 defined seven key areas of disrespect and abuse in childbirth as being: physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination based on specific patient attributes, abandonment of care, and detention in facilities.<sup>2</sup> Some instances of disrespect and abuse overlapped and fell into more than one area.

Subsequently, a 2015 mixed-methods systematic review of qualitative and quantitative evidence was conducted.<sup>7</sup> This review included 65 studies from 34 countries on the experiences and perspectives of women and healthcare providers related to mistreatment during childbirth in facilities. From these studies, a comprehensive typology of the mistreatment of women during childbirth was developed. The authors explain that "the first-order themes are identification criteria describing specific events or instances of mistreatment. The second-and third-order themes further classify these first-order themes into meaningful groups based on common attributes. The third-order themes are ordered from the level of interpersonal relations through the level of the health system."<sup>7</sup>

In practice, disrespect and abuse may range from overt examples of physical abuse to more covert (and perhaps unintentional) acts. For example, more overt actions may include women being slapped by a healthcare provider during labor, or being forcibly detained in hospital because of unpaid fees. More subtle actions may include being left alone during labor, being reprimanded, experiencing interventions without the provision of information, consent or shared decision-making and a lack of privacy.<sup>7</sup> Research has shown that in some cases, providers may use physical abuse (the

'obstetric slap') with the intention of helping the woman, or to encourage her to push.<sup>12</sup> However, there are no known benefits of this approach.

Following the growing evidence on women's experience of mistreatment of women during pregnancy and child-birth across the globe, the World Health Organization (WHO) released a statement on prevention and elimination of disrespect and abuse (D & A) during facility-based childbirth.<sup>5</sup> The statement advocates for governments and development partners to initiate, support and sustain programs designed to address quality of Maternal and Newborn Health (MNH) services with a strong emphasis on the provision of respectful maternity care (RMC) as an essential component of quality of care.<sup>5</sup>

RMC as an approach that emphasizes the positive inter-personal interactions of women with health care providers and staff during labor, delivery, and the postpartum period. Absence of D & A by health care providers and other staff alone is not sufficient for provision of RMC; the RMC definition calls for fostering positive staff attitudes and behaviors that are conducive to improved satisfaction of women with their birth experience.<sup>2</sup>

WHO has provided technical support to the federal and provincial departments of health for translating the National Health Vision (2016-2025) into 5-year Costed Strategic Action Plans for all 4 provinces and 3 Regions of the country. These action plans provide guidance for implementation, as well as being a powerful advocacy tool for domestic and foreign resource mobilization to support reproductive, maternal, newborn, child and adolescent health programming. WHO is also committed to support development of monitoring and evaluation frameworks for tracking progress against the above mentioned action plans and achieving the set targets provision of RMC is also a key intervention to bring un-reached women to health facilities for maternity care services and thus, an important component in achieving their 2020 goals. To date, some efforts have been made to integrate RMC in the in-service training packages for MNH care, particularly Basic Emergency Obstetrics and Newborn Care (BEmONC) training. The BEmONC training package encourages providers to deliver services that are acceptable to women, that empower women and their families to become active participants in care, protect the rights of women, ensure that all healthcare staff use positive interpersonal communication with women and compa-

nions and promote provision of emotional, psychological, and social support to women.<sup>12,16</sup>

Quality improvement approach (SBM-R),<sup>18,19</sup> developed by Jhpiego that sets evidence-based performance standards and then empowers health-care managers and providers to assess and address gaps between actual and desired performance at their facility.<sup>13,17</sup> The approach to quality improvement comprises four steps: 1) defining evidence-based and locally relevant standards 2) assessing the gap between desired and actual performance, designing and implementing interventions to close this gap within health facilities 3) periodically measuring progress towards desired performance and 4) rewarding performance.<sup>14,17</sup> Maternity care must be inclusive, respectful and provide care that woman and need. World Health Organization recent recommendations on intrapartum care for a positive childbirth experience have a specific recommendation on the provision of respectful care. The recommendation states that:

Respectful maternity care-which refers to 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 labor and childbirth is recommended.<sup>7</sup>

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**Dr Ayesha Babar Kawish**

Associate Professor & Head of Public Health  
Al-Shifa School of Public Health,  
Al-Shifa Trust Eye Hospital  
Rawalpindi-Pakistan