Overview of RMC Progress to Date

PTB/LBW Global Technical Working Group Meeting, Washington DC, September 25\textsuperscript{th} 2017

Kathleen Hill,

MCSP Maternal Health Team Lead
Outline

• RMC Journey to date – key milestones
  – Respectful Maternity Care
  – Mistreatment

• Core streams of RMC work

• Continuing the RMC journey
The Journey…responsible maternity care

- 1947: Universal declaration of human rights
- 1990’s - “Humanization of childbirth” LAC region
- 1993: Declaration of the Elimination of Violence against Women
- 2002: Violence against women in health-care institutions: an emerging problem (d’Olievera et al.; The Lancet)
- 2010: TRAction Landscape Analysis: exploring evidence for disrespect & abuse in facility childbirth (Bowser & Hill) *(primarily anecdotal evidence)*
- 2011:
  - USAID TRAction project funds two RMC implementation research projects (Staha, Heshima)
  - RMC Charter on the universal rights of childbearing women published (led by White Ribbon Alliance.)
RMC Charter on the Universal Rights of Childbearing Women (2011)
The Journey...Respectful Maternity Care

2014:
• Ending Preventable Maternal Mortality (EPMM) Strategy
• WHO People-centered and integrated Care Strategy
• WHO statement on prevention and elimination of disrespect and abuse in facility childbirth

2015:
• WHO Quality of Care Vision for Women and Newborns
• Mother-Baby Friendly Birthing Facilities Initiative
• Every Woman Every Child

2016:
• WHO QoC MNH Standards and Measures

2017:
• WHO Quality Equity Dignity (QED) MNH Network launched in 9 countries
• Defining Disrespect and abuse of newborns (Emma Sacks)
2014: WHO statement on prevention and elimination of disrespect and abuse in facility-based childbirth

The prevention and elimination of disrespect and abuse during facility-based childbirth

WHO statement

Every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care.

Many women experience disrespectful and abusive treatment during childbirth in facilities worldwide. Such treatment not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity, and freedom from discrimination. This statement calls for greater action, dialogue, research and advocacy on this important public health and human rights issue.
WHO MNH Quality of Care Framework (2015)
Standards & Measures (2016)

Source: BJOG 2015
**Standard Five Quality Statements - Respect and Dignity**

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<tr>
<th>Standard Five: Women and newborns receive care with respect and dignity</th>
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**Quality statement 5.1:** All women and newborns have **privacy** around the time of birth and their confidentiality is respected.

**Quality statement 5.2:** No woman or newborn is subjected to **mistreatment** such as physical, sexual or verbal abuse, neglect, detainment, extortion or denial of services.

**Quality statement 5.3:** All women have **informed choices** in the services they receive, and the reasons for interventions or outcomes are clearly explained.
Illustrative Quality Measures for Standard 5: *Respect and Dignity*

- Facility has written zero-tolerance non-discriminatory policies with regard to mistreatment of women and newborns
- Facility has written accountability mechanisms for redress in the event of mistreatment
- Fee structures for maternity and newborn care are equitable, affordable and clearly displayed
- Proportion of women who gave birth in the facility who reported physical, verbal or sexual abuse to themselves or their newborn during labor, childbirth or after birth
- Proportion of women who gave birth in the facility who reported having been treated with respect and dignity
- Health facility policy specifically precludes detention of woman or baby for non-payment
The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review

Meghan A. Bohren¹,²*, Joshua P. Vogel², Erin C. Hunter³, Olha Lutsiv⁴, Suprita K. Makh⁵, João Paulo Souza⁶, Carolina Aguiar¹, Fernando Saraiva Coneglian⁶, Alex Luíz Araújo Diniz⁶, Özge Tunçalp², Dena Javadi³, Olufemi T. Oladapo², Rajat Khosla², Michelle J. Hindin¹,², A. Metin Gülmezoglu²

- 2015 publication
- Qualitative and quantitative studies of mistreatment of women during childbirth in facilities
- 65 studies were included from 34 countries, approx. 2/3 published after 2010
- Mostly qualitative studies
- Most studies deal with this issue indirectly and inconsistently
WHO Systematic Review: Typology of Mistreatment of Women in Childbirth with seven 1st, sixteen 2nd and thirty-nine 3rd order themes

Seven 3rd Order Themes identified:

- Physical abuse
- Sexual abuse
- Verbal abuse
- Stigma and discrimination
- Failure to meet professional standards of care
  - Lack of consent and confidentiality
  - Neglect/abandonment
- Poor rapport between women and providers
  - Ineffective communication; lack of supportive care; loss of autonomy
- Health system conditions and constraints
Mapping Typologies of Disrespectful “Care” for Newborns (Sacks, E. 2017)

Defining disrespect and abuse of newborns: a review of the evidence and an expanded typology of respectful maternity care

Emma Sacks

Abstract

Amid increased attention to quality of obstetric care and respectful maternity care globally, insufficient focus has been given to quality of care and respectful care for newborns in the postnatal period. Especially in low and middle income countries, where low utilisation of obstetric and neonatal services is of concern, it is plausible that poor quality of care or mistreatment of newborns or stillborn infants will influence future care seeking, both for the health care needs of the growing infant and for subsequent pregnancies. Preliminary evidence indicates that mistreatment of newborns exists, but this issue remains understudied in obstetric and neonatal practice.
## Complementary Core Streams of RMC Work

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<thead>
<tr>
<th>Core Streams of RMC Work</th>
<th>Illustrative Examples</th>
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<tbody>
<tr>
<td><strong>Advocacy</strong></td>
<td>- Global RMC Council</td>
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<td>- QED advocacy WG</td>
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<tr>
<td><strong>Research &amp; Metrics</strong></td>
<td>- Local context - qualitative assessments</td>
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<td></td>
<td>- Defining/measuring mistreatment prevalence – <em>20% most studies</em></td>
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<td>- Validating instruments (e.g. Nilver 2017)</td>
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<td>- RMC implementation research (e.g. Staha, Heshima, Sando et al.)</td>
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<td>- Prioritizing RMC indicators</td>
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<td>* Explosion of RMC publications since 2010 (&gt; 80 articles)</td>
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<tr>
<td><strong>Policy</strong></td>
<td>- Professional regulation; national RMC policy</td>
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<td><strong>Country Implementation and learning</strong></td>
<td>- Government, CSOs, partners</td>
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<td></td>
<td>- USAID global, bilateral and other projects - Implementation learning</td>
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<td><strong>Global Frameworks</strong></td>
<td>- WHO MNH QoC framework; QED network</td>
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<td><strong>Human Rights</strong></td>
<td>- Constructive accountability</td>
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Continuing the journey...
Mainstreaming RMC into Country MNH programs

“[our] findings reveal that the global movement to recognize and address provider mistreatment in childbirth, while providing important insights into the issue, does not appear to be affecting change on the ground” (Raj et al, 2017)

Continuing the RMC journey:

• **Newborn/Mother-baby dyad**: Deepen focus on NB and dyad
• **Local understanding**: Deepen understanding of local mistreatment typologies and drivers - mother and newborn
• **Advocacy**: Global RMC Council and partners; QED advocacy WG
• **Country Implementation**: locally led process-oriented approaches across system levels (RMC promotion & mistreatment reduction)
• **Metrics**: Refine feasible methods for assessing and monitoring RMC/mistreatment in comprehensive MNH programs; validate indicators/scales
• **Partnerships**: Deepen partnerships with diverse expertise (country, regional, global)
Asante! Mun Gode! Merci!

Discussion
For more information, please visit www.mcsprogram.org

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