Respectful Maternal and Newborn Care: time for action

World Health Organization

UHL/MCA & UHL/SRH

Anayda Portela, Hedieh Mehrtash Özge Tunçalp

Emma Sacks, Johns Hopkins School of Public Health

GLOW September 2020 Conference

World Health Organization

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GLOBAL WOMEN'S RESEARCH SOCIETY

Hedieh Mehrtash and Özge Tunçalp

Defining and measuring mistreatment
Building the evidence base for respectful care

https://sflgroupuk.sharepoint.com/:v:/r/sites/production/Shared%20Documents/HH%20Jobs%20J46000%20-%20J46999/46804%20-%20LSTM%20-%20Glow%20Virtual%20Event/Video%20Upload/Portela/WHO%20MoW_Glow%20Conference_10Sept2020_v4.mp4?csf=1&web=1&e=x6f06E

World Health Organization

10 September 2020, GLOW

Respectful maternity care – WHO research

Hedieh Mehrtash, MPH; Özge Tunçalp, MD, PhD, MPH
Department of Sexual and Reproductive Health and Research

World Health Organization

human reproduction programme hrp
research for impact
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Background

❑ Bowser and Hill (2010)

- Landscape analysis outlining the issue of disrespect and abuse during childbirth

❑ WRA respectful maternity care charter (2011)

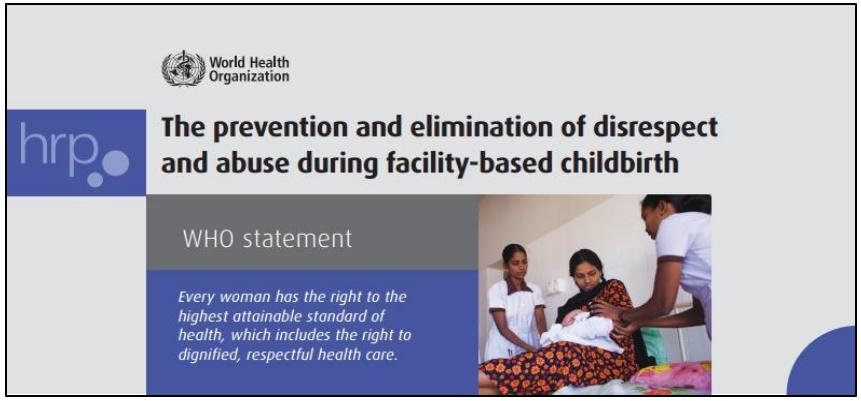
- Universal Rights of Childbearing Women to address issues of disrespect and abuse among women seeking maternity care.

❑ WHO technical consultation (2013)

- Develop a universal typology of the mistreatment of women during childbirth; and
- Initiate research activities to develop, validate and apply measurement tools to measure the prevalence of this mistreatment.

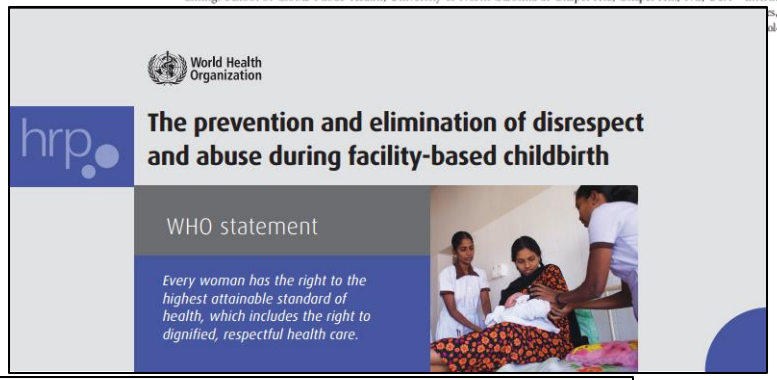
❑ WHO statement (2014)

- "Prevention and elimination of disrespect and abuse during childbirth"



Framing and terminology

- **Obstetric violence**
- **Disrespect and abuse**
- **Mistreatment**
- **Respectful care**



Typology of mistreatment

- WHO conducted a mixed-methods systematic review to develop a typology of what constitutes mistreatment of women during childbirth

- 65 studies from 34 countries

Typology:

✓Physical abuse
✓Verbal abuse
✓Stigma and discrimination
✓Failure to meet professional standards of care
✓Poor rapport between women and providers
✓Health system conditions and constraints


PLOS | MEDICINE

RESEARCH ARTICLE

The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review

Meghan A. Bohren[1,2]*, Joshua P. Vogel[2], Erin C. Hunter[3], Olha Lutsiv[4], Suprita K. Makh[5], João Paulo Souza[6], Carolina Aguiar[1], Fernando Saraiva Coneglian[6], Alex Luíz Araújo Diniz[6], Özge Tunçalp[2], Dena Javadi[3], Olufemi T. Oladapo[2], Rajat Khosla[2], Michelle J. Hindin[1,2], A. Metin Gülmezoglu[2]

WHO Multi-country study: *How women are treated during facility-based childbirth*

- **Despite growing recognition of how women are mistreated during childbirth:**

- No effort had yet been made at a global level to systematically define, measure and prevent mistreatment.

- Once accurately described, measured and reported:
  - Effective strategies to prevent and reduce the mistreatment of women can be identified and implemented; and
  - Standardized comparisons of prevalence data across settings and over time.

- **Overall aims and objectives:**

- To develop and validate tools that can measure this phenomenon; and

- To explore individual, provider, institutional and health systems factors that are associated with mistreatment during childbirth in facilities.

Phase 1 – Qualitative Research

- Two phased multi-country study:
  - **Phase 1**: Qualitative formative research to explore what constitutes mistreatment during childbirth

- Four countries:
  - Ghana
  - Guinea
  - Nigeria
  - Myanmar


STUDY PROTOCOL Open Access

How women are treated during facility-based childbirth: development and validation of measurement tools in four countries – phase 1 formative research study protocol

Joshua P. Vogel[1*], Meghan A. Bohren[1,2], Özge Tunçalp[1], Olufemi T. Oladapo[1], Richard M. Adanu[3], Mamadou Dioulde Baldé[4], Thae Maung Maung[5], Bukola Fawole[6], Kwame Adu-Bonsaffoh[7], Phyllis Dako-Gyeke[3], Ernest Tei Maya[3], Mohamed Campell Camara[8], Alfa Boubacar Diallo[9], Safiatou Diallo[4], Khin Thet Wai[5], Theingi Myint[10], Lanre Olutayo[11], Musibau Titiloye[12], Frank Alu[13], Hadiza Idris[14], Metin A. Gülmezoglu[1]
On behalf of the WHO Research Group on the Treatment of Women During Childbirth


RESEARCH Open Access

A qualitative study of women's and health providers' attitudes and acceptability of mistreatment during childbirth in health facilities in Guinea


RESEARCH Open Access

Perceptions and experiences of the mistreatment of women during childbirth in health facilities in Guinea: a qualitative study with women and service providers


RESEARCH Open Access

Mistreatment of women during childbirth in Abuja, Nigeria: a qualitative study on perceptions and experiences of women and healthcare providers


Article

"By slapping their laps, the patient will know that you truly care for her": A qualitative study on social norms and acceptability of the mistreatment of women during childbirth in Abuja, Nigeria


Women's perspectives of mistreatment during childbirth at health facilities in Ghana: findings from a qualitative study

Ernest T Maya, Kwame Adu-Bonsaffoh, Phyllis Dako-Gyeke, Caroline Badzi, Joshua P Vogel, Meghan A Bohren & Richard Adanu

To cite this article: Ernest T Maya, Kwame Adu-Bonsaffoh, Phyllis Dako-Gyeke, Caroline Badzi, Joshua P Vogel, Meghan A Bohren & Richard Adanu (2018) Women's perspectives of mistreatment during childbirth at health facilities in Ghana: findings from a qualitative study, Reproductive Health Matters, 26:53, 70-87, DOI: 10.1080/09688080.2018.1502020

To link to this article: https://doi.org/10.1080/09688080.2018.1502020

Phase 2: Tool development and measurement

Iterative, mixed-methods approach to develop two tools:

- Step 1: initial tool development;
- Step 2: validity testing, item adjustment and piloting of paper-based tools;
- Step 3: conversion to digital, tablet-based tools (tools publicly available);
- Step 4: data collection and analysis (Results published October 2019).

Bohren et al. BMC Medical Research Methodology (2018) 18:132
https://doi.org/10.1186/s12874-018-0603-x

BMC Medical Research Methodology

RESEARCH ARTICLE Open Access

Methodological development of tools to measure how women are treated during facility-based childbirth in four countries: labor observation and community survey

Meghan A. Bohren[1,2*], Joshua P. Vogel[1], Bukola Fawole[3], Ernest T. Maya[4], Thae Maung Maung[5], Mamadou Diouldé Baldé[6,7], Agnes A. Oyeniran[8], Modupe Ogunlade[8], Kwame Adu-Bonsaffoh[9], Nwe Oo Mon[5], Boubacar Alpha Diallo[6,7], Abou Bangoura[6,10], Richard Adanu[4], Sihem Landoulsi[1], A. Metin Gülmezoglu[1] and Özge Tunçalp[1]

Labor observation form

Admission form
Sociodemographic information
Admission to hospital

Incident report form
Physical abuse
Verbal abuse
Stigma and discrimination
Vaginal examination
Information collected prospectively throughout labor. If an incident occurs, it is documented on the form and submitted.

Childbirth, Interventions and Discharge form
Pain relief
Fluids, mobilization & labor companionship
Unreasonable demands
Fee structures
Neglect
Childbirth outcomes
Skilled birth attendance
Birth position
Privacy
Maternal interventions
Neonatal interventions

Community survey form

General
Socio demographic information
Obstetric history

Treatment during care
Physical abuse
Verbal abuse
Stigma & discrimination
Vaginal examinations
Pain relief
Fluids, mobilization
Labour companionship
Unreasonable demands, fee structures
Neglect

Outcomes
Childbirth outcomes
Maternal interventions
Postpartum depression
Future childbearing intentions
Feedback and satisfaction with care

Phase 2: Methodology

- Prospectively recruited women aged at least 15 years in twelve health facilities in Ghana, Guinea, Myanmar, Nigeria
- Data collection between Sept 19, 2016, and Jan 18, 2018
  - Labor Observation Too (LOT)l: Continuous observations of labour and childbirth were done from admission up to 2 h post partum*
  - Community survey Tool (CST): Surveys was administered by interviewers in the community to women up to 8 weeks post-partum
- Data were collected on sociodemographic, obstetric history, and experiences of mistreatment based on typology

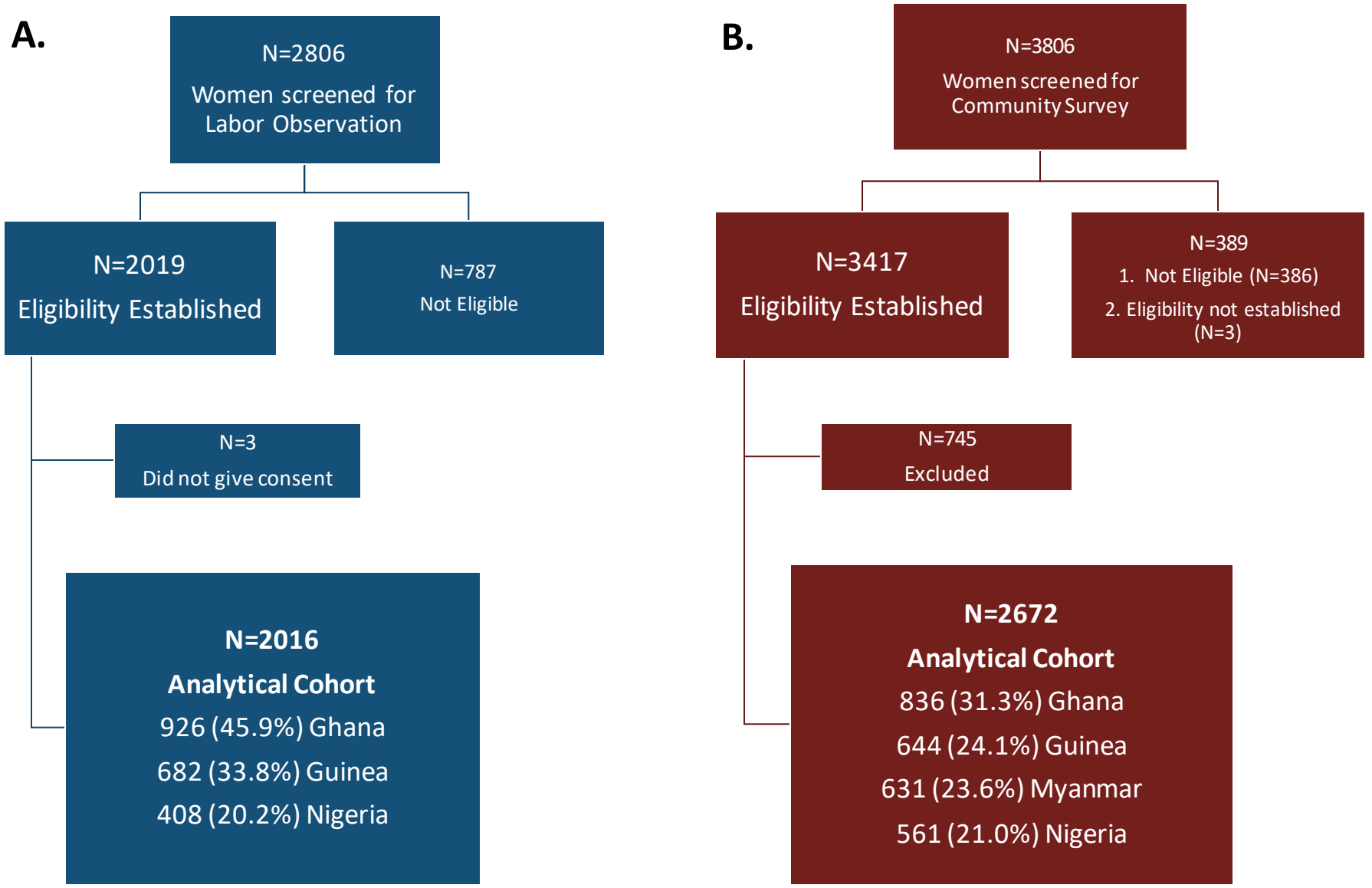
THE LANCET

How women are treated during facility-based childbirth in four countries: a cross-sectional study with labour observations and community-based surveys

Meghan A Bohren, Hedieh Mehrtash, Bukola Fawole, Thae Maung Maung, Mamadou Dioulde Balde, Ernest Maya, Soe Soe Thwin, Adeniyi K Aderoba, Joshua P Vogel, Theresa Azonima Irinyenikan, A Olusoji Adeyanju, Nwe Oo Mon, Kwame Adu-Bonsaffoh, Sihem Landoulsi, Chris Guure, Richard Adanu, Boubacar Alpha Diallo, A Metin Gülmezoglu, Anne-Marie Soumah, Alpha Oumar Sall, Özge Tunçalp*

*Labour observations were not conducted in Myanmar.

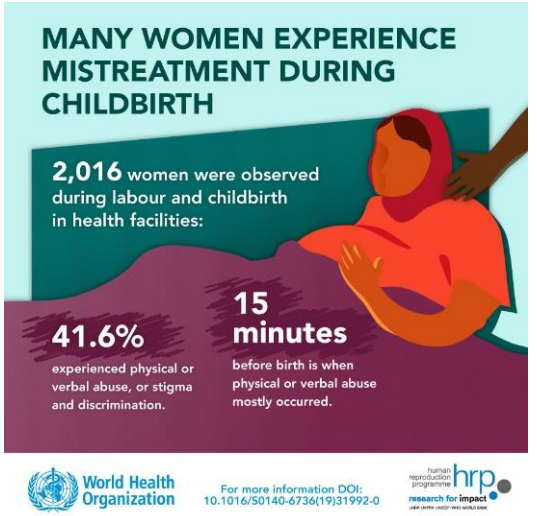
Overview of sample



A. Flow diagram for labour observation

B. Flow diagram for community survey

Any physical abuse, verbal abuse, or stigma or discrimination



	Labor Observation Tool (N=2016)	Community Survey Tool (N=2672)
Any physical, verbal or stigma and/or discrimination	838 (41·6%)	945 (35·4%)
Any physical abuse	282 (14·0%)	287 (10·7%)
Any verbal abuse	762 (37·8%)	821 (30·7%)
Any stigma and/or discrimination	11 (0·6%)	79 (3·0%)

Any physical abuse or verbal abuse

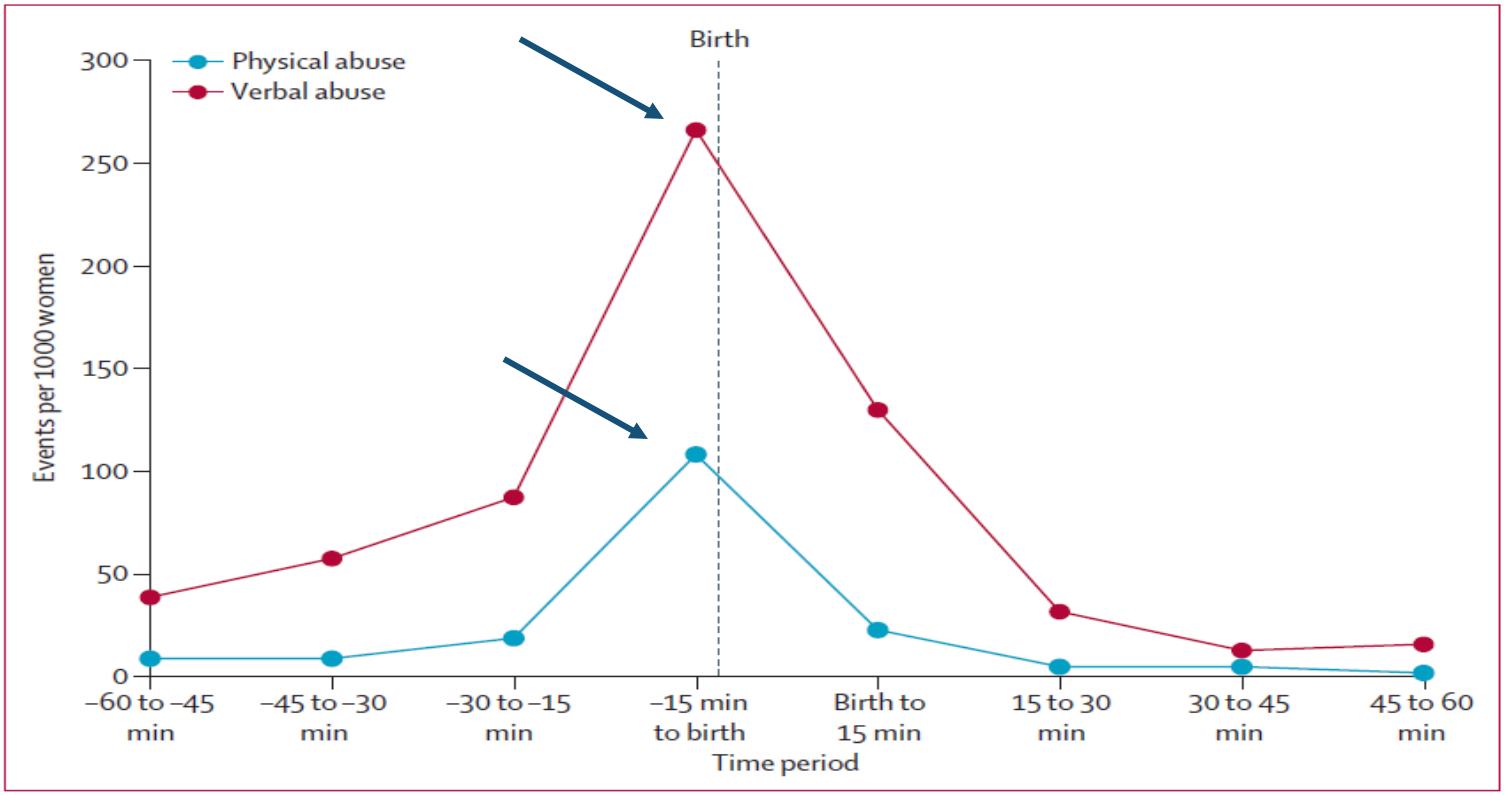
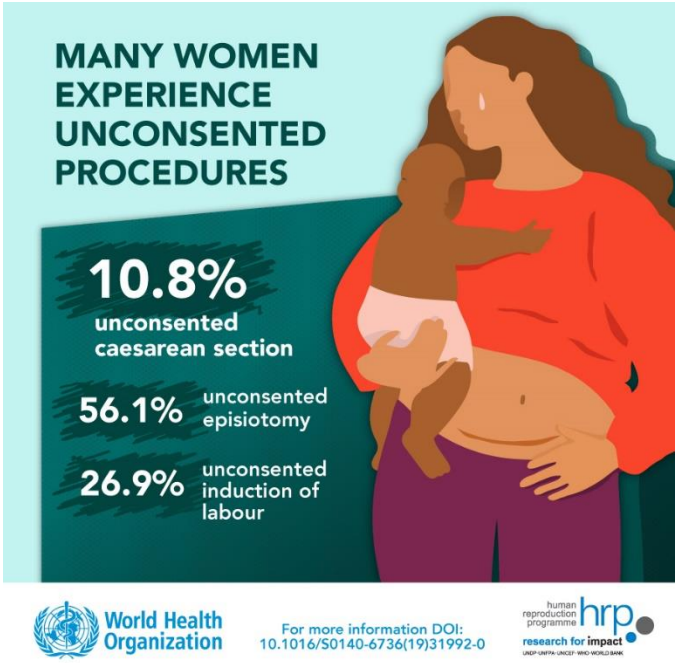


Figure 2: **Temporal analysis of mistreatment during labour observation**
Physical and verbal abuse events per 1000 women. Based on 1590 (78·9%) of 2016 women who were observed for at least 1 h before and after the time of childbirth. Physical and verbal abuse peaked during the period from 30 min before birth until 15 min after birth.

Women were at increased risk 15 min prior to delivery:

- 11·6 (95% CI 6·2–21·7) times increased risk of physical abuse compared to 1 hour prior ($p<0.05$)
- 6·7 (95% CI 4·7–9·5) times increased risk of verbal abuse compared to 1 hour prior ($p<0.05$)

Failure to meet professional standards – Informed consent and confidentiality



Non-consented care	Labor Observation Tool (N=2016)	Community Survey Tool (N=2672)
Caesarean Sections	35/261 (13·4%)	52/483 (10·8%)
Episiotomy (among vaginal births)	190/253 (75·1%)	295/526 (56·1%)
Induction of labour	-	94/349 (26·9%)

Failure to meet professional standards – Informed Consent and Confidentiality

Vaginal examinations	Labor Observation Tool (N=2016)	Community Survey Tool (N=2672)
Not informed or no permission obtained	847/1435 (59·0%)	1214/2445 (49·7%)
Vaginal examination not done privately	-	295/526 (56·1%)

Privacy:
Women who reported no use of privacy measures, such as curtains, were 3·4 times (95% CI 2·3–5·0) more likely to report lack of privacy compared with women who had privacy measures used

Risk of non-consented care:
Unmarried women between 15-19 years were 4·6 times (95% CI 1·7–12·3), more likely to have non-consented vaginal examinations

Factors associated with mistreatment during childbirth based on community survey – Vulnerability and inequity

Young women (15-19 years) were at increased risk of mistreatment compared those who did not experience ($p<0.05$):

- 1·8 (95% CI 1·1–2·8) times increased risk of physical abuse
- 1·9 (95% CI 1·4–2·6) times increased risk of any physical abuse, verbal abuse, stigma or discrimination

Young (15-19 years) and uneducated women were 3·6 (95% CI 1·6–8·0) times more likely to experience verbal abuse compared those who did not experience ($p<0.05$)

Translation of evidence to national recommendations on respectful maternity care in Guinea - (December 2019)

Research leads to actions improving childbirth in Guinea

https://www.who.int/news-room/detail/15-05-2020-research-leads-to-actions-improving-childbirth-in-guinea

- Based on published evidence in October 2019, stakeholders in Guinea developed recommendations to reduce mistreatment of women during childbirth

- In May 2020 adopted by the MoH, this has now been included in Guinea's *Reproductive, Maternal, Newborn, Infant, Adolescent Health and Nutrition (SRMNIA-N 2020-2024) Strategic Plan* and the *MUSKOKA Action Plan of 2021*

"We shared the recommendations widely with a lot of midwives, and immediately took actions to improve respectful maternity care in our hospital," explained Mrs. Hawa Keita, Head Midwife of Maternity Ward at Ignace Dean.

Measuring mistreatment of women in the WHO EMRO region: occupied Palestinian territory (oPt) leading the effort

- Objective: to estimate the prevalence of mistreatment during childbirth in the occupied Palestinian territory, using WHO's community survey tool.

- Three regions:
  - Gaza (3)
  - Hebron (3)
  - Ramallah (5)

- Due to COVID-19, data collection methods have been modified and study is ongoing.

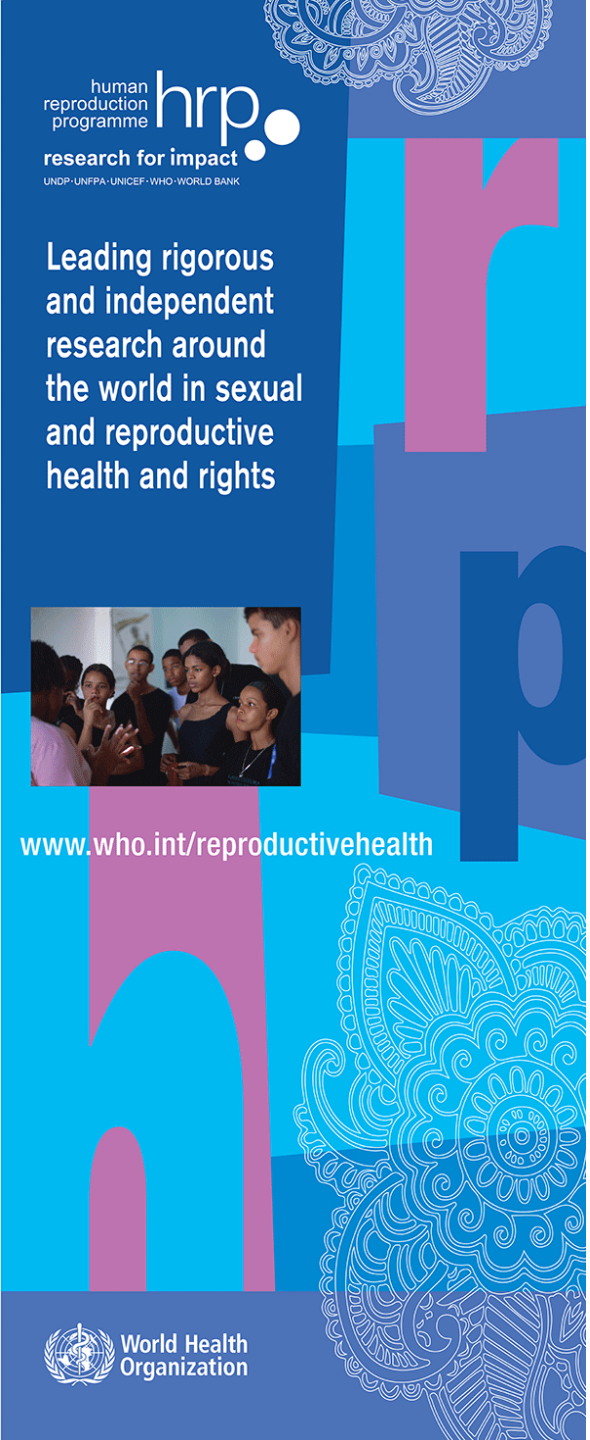
February 2020 – Study Training

Secondary analyses using data from the mistreatment of women during childbirth study

- Newborn practices (15 observed practices)
- Labour companion
- Satisfaction with care
- Adolescents
- Linked data analysis (between CST and LOT)
- Scale development (CST and LOT)
- Vaginal examinations

Interventions to reduce mistreatment during childbirth

- There is no magic bullet!
- Drivers of mistreatment
- A nuanced and multi-faceted approach is needed for interventions on reducing mistreatment and improving RMC
- WHO is currently systematically looking at evidence on interventions in 2020-2021



Thank you!

- Özge Tunçalp, MD, PhD, MPH

Email: tuncalpo@who.int

Twitter: @otuncalp

Hedieh Mehrtash, MPH

- Email: mehrtashh@who.int
- Twitter: @hediehmm

Follow us on Twitter @HRPresearch

Website who.int/reproductivehealth

Respectful maternal and newborn care

https://sflgroupuk.sharepoint.com/:v:/r/sites/production/Shared%20Documents/HH%20Jobs%20J46000%20-%20J46999/46804%20-%20LSTM%20-%20Glow%20Virtual%20Event/Video%20Upload/Portela/Sacks%20slides%20for%20GLOW%20-%208%20sept%20with%20audio.mp4?csf=1&web=1&e=a8Dv5x

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Integrating care of newborns into the Respectful Maternity Care agenda:

Building the Evidence Base

•Emma Sacks, Associate Faculty

•Department of International Health

•Johns Hopkins School of Public Health

Background

- Respectful care of women usually includes respectful care for their infants/families, but without explicit attention, newborns are often not prioritized
- Anecdotal evidence suggests mistreatment of newborns in health facilities
- Poor quality of care may be driving low health care utilization, especially in low income settings

Integrated maternal and newborn care

- Terminology of “Maternity” always intended to include newborns
- Many women and newborns cared for by the same providers
- Newborns have limited communication ability and depend on parents
- Many rights are shared by newborns and their families (no separation, consent, etc.)

Mistreatment typology identified for newborns

Themes	Identified?
Physical abuse	**YES**
Verbal abuse	**YES**
Stigma and discrimination	**YES**
Failure to meet professional standards of care	**YES**
Poor rapport between patients and providers	**YES**
Health system conditions and constraints	**YES**
Sexual abuse	**NO***
Legal accountability (added)	**YES**
Bereavement at posthumous care (added)	**YES**

Maternal typology:
Bohren et al, 2015, PLOS Med

Newborn literature review:
Sacks, 2017 BMC Repro Health

Ongoing research (in its infancy!)

- Are occurrences of newborn mistreatment isolated events, or systemic/common?
- What is the prevalence of various types of mistreatment?
- Are certain groups more vulnerable to mistreatment than others?
- What events are poor quality of care vs. disrespectful/discriminatory practices?
- How do mothers/families/providers/scholars conceptualize mistreatment of newborns?
- What are the domains of newborn respect and mistreatment?
- What tools are available to measure respectful care of newborns?
- Is the existing framework sufficient to examine treatment of newborns?

WHO Study: How women are treated during facility-based childbirth (2015-2018)

- Two phased multi-country study
  - **Phase 1**: Qualitative formative research to explore what constitutes mistreatment during childbirth
  - **Phase 2**: Develop and validate two tools to measure mistreatment during childbirth:
    - Labour observation tool
    - Community survey tool
- Four countries:
  - Nigeria
  - Ghana
  - Guinea
  - Myanmar

STUDY PROTOCOL Open Access

How women are treated during facility-based childbirth: development and validation of measurement tools in four countries – phase 1 formative research study protocol

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During Childbirth

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BMC Medical Research Methodology

RESEARCH ARTICLE Open Access

Methodological development of tools to measure how women are treated during facility-based childbirth in four countries: labor observation and community survey

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Newborn care practices – labour observation (N=1627)

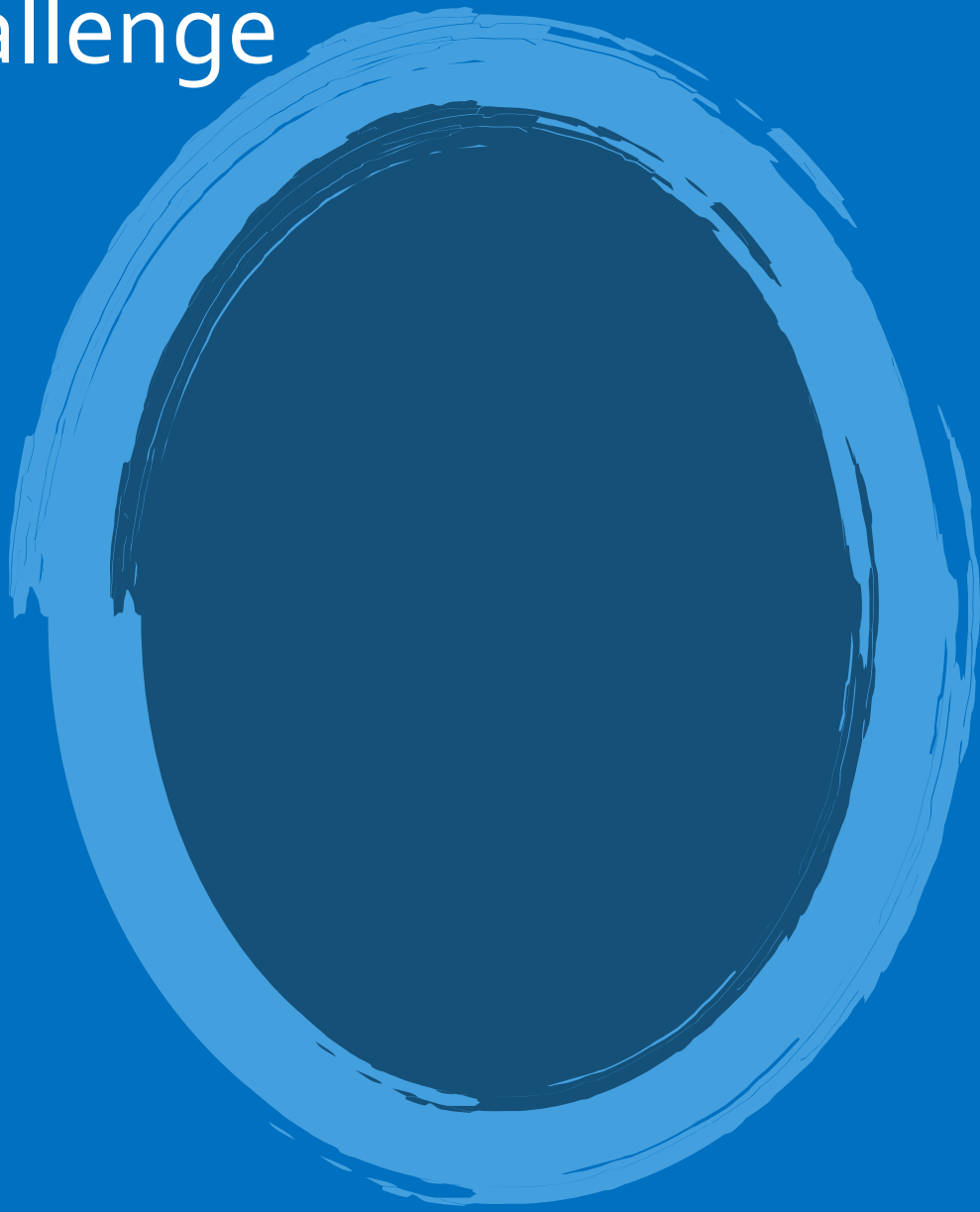
Variables for overall sample of liveborn singletons after vaginal birth
Cord clamping performed >60 seconds after birth
Immediate skin to skin contact with mother
Breastfeeding within 30 min after delivery
Breastfeeding on newborn demand
Newborn separated from mother after birth (within first 2 hours after delivery)
Routine suctioning of newborn
Rubbing the newborn with alcohol
Bathing within 2 first hours after delivery
Flexing legs toward abdomen
Milking the newborn's chest
Slapping the newborn
Holding the newborn upside down or by the leg
Newborn left unattended
Refusal to provide care for mother or newborn due to inability to pay

Moving forward

- Global tools to support programming at the regional and national level
- Contextualization for various settings
- Additional needs of newborns and families in humanitarian or crisis settings
- Support to health care workers to provide quality care to mothers and newborns
- Continued advocacy and harmonization with various partners

Implementation Challenge

Integrating respectful maternal and newborn care into quality of care processes



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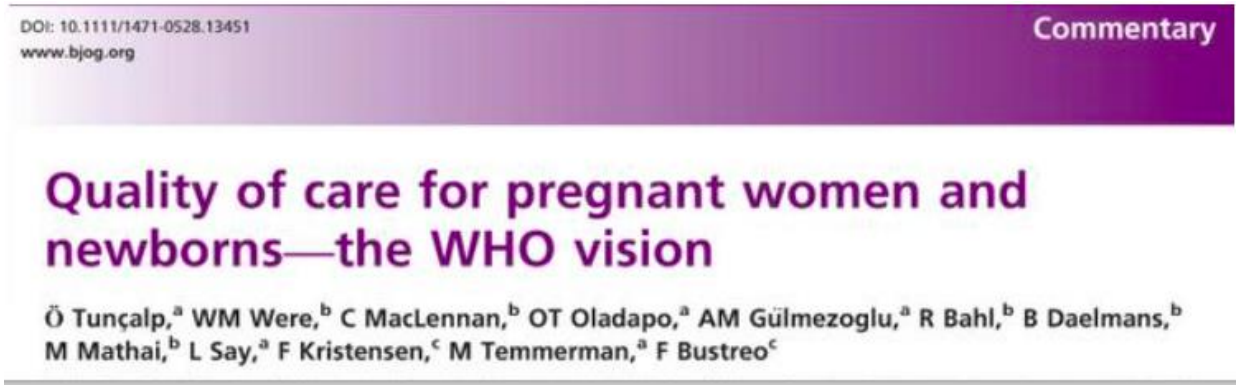
The vision

In the context of the drive towards Universal Health Coverage

Every mother and newborn receives quality care throughout the pregnancy, childbirth and postnatal periods



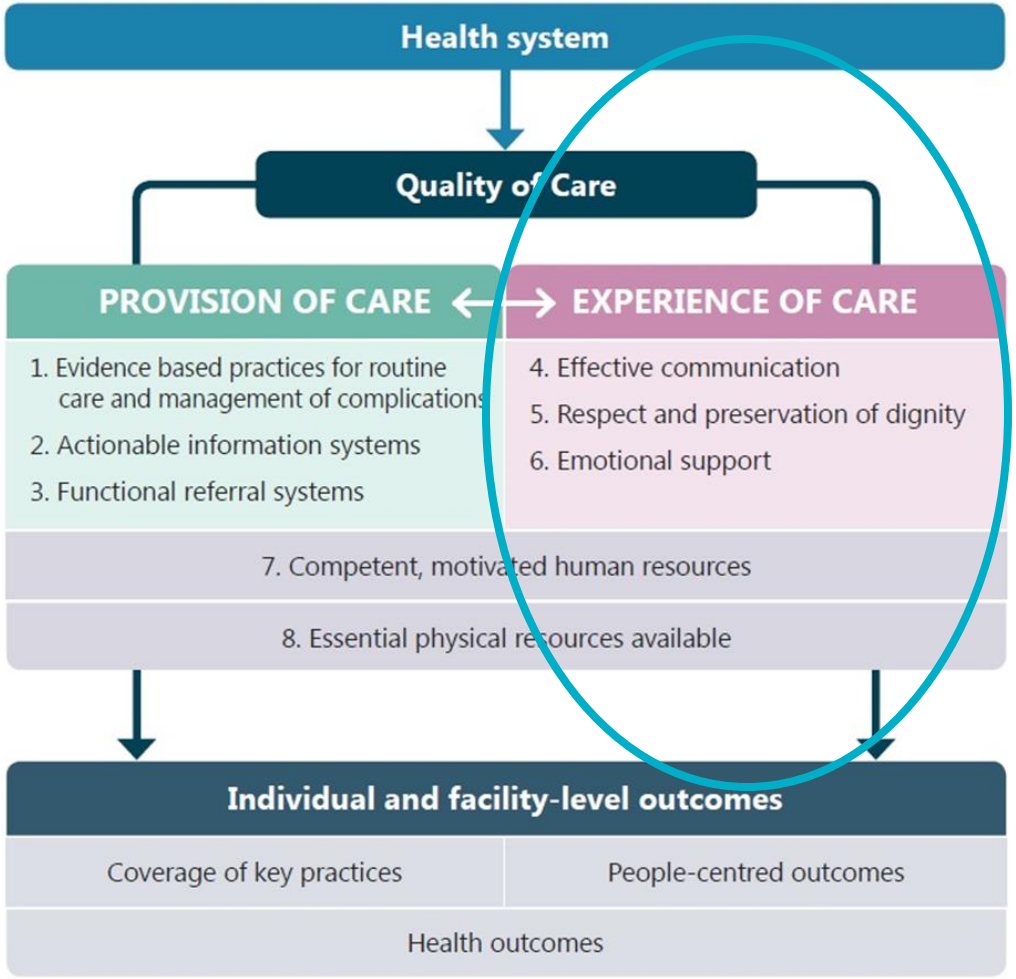
DOI: 10.1111/1471-0528.13451
www.bjog.org

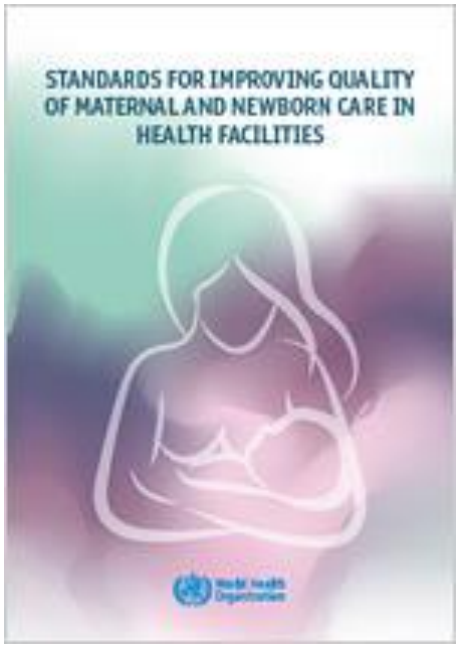
Commentary

Quality of care for pregnant women and newborns—the WHO vision

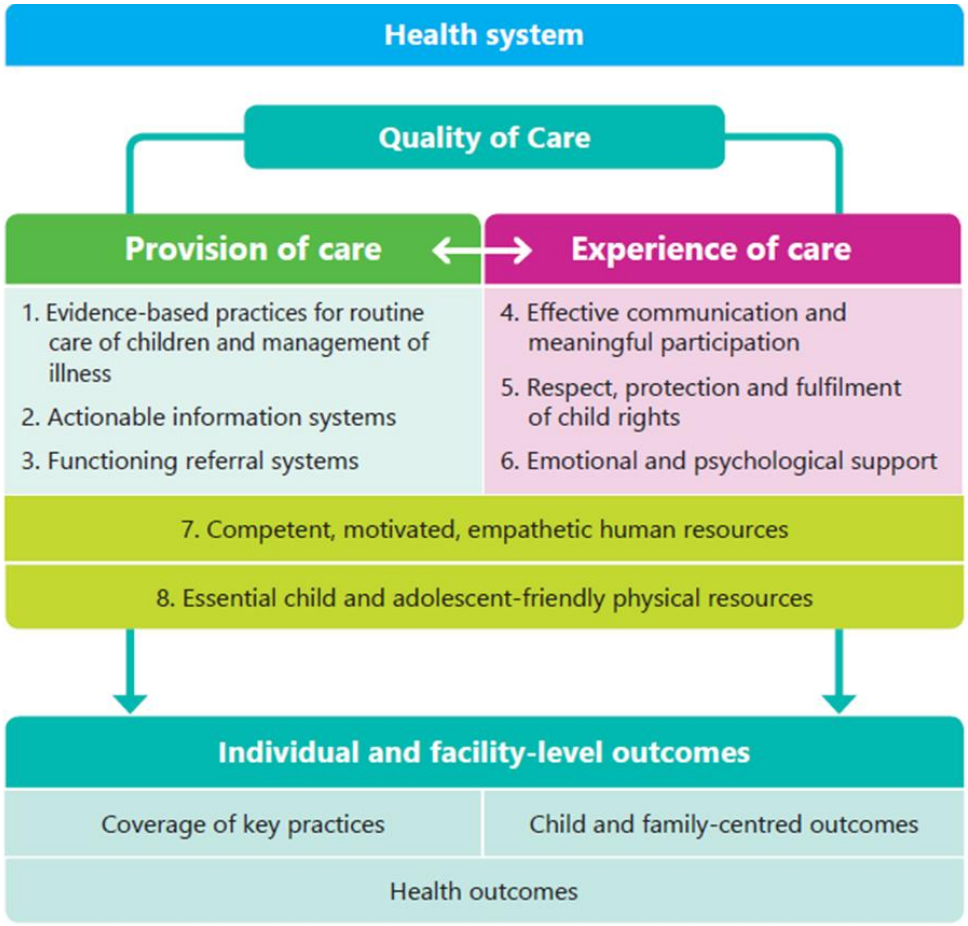
Ö Tunçalp,[a] WM Were,[b] C MacLennan,[b] OT Oladapo,[a] AM Gülmezoglu,[a] R Bahl,[b] B Daelmans,[b] M Mathai,[b] L Say,[a] F Kristensen,[c] M Temmerman,[a] F Bustreo[c]

Quality of Care Standards framework for MNH



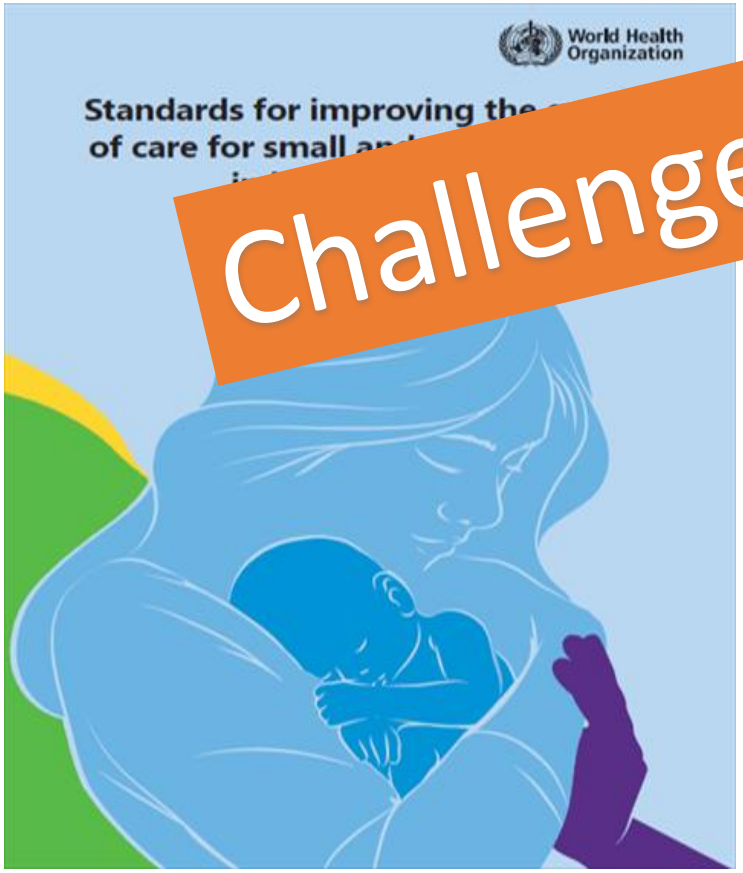


Quality of Care Standards framework for children and young adolescents –



Standards for improving the quality of care for small and sick newborns in health facilities

–



Challenge: Measurement

STANDARDS

1. Evidence-based

systems

Effective communication and meaningful participation

5. Respect, protection and fulfilment of newborn rights and preservation of dignity

6. Emotional, psychosocial and developmental support

7. Competent, motivated, empathetic multi disciplinary human resources

8. Essential physical resources for small and sick newborns

Implementation Challenge

Integrating respectful maternal and newborn care into normative work

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Starting point : what women want and expect from ANC

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A. Nutritional interventions

B. Maternal and fetal assessment

C. Preventive measures

D. Interventions for common physiological symptoms

E. Health systems interventions to improve the utilization and quality of ANC.

PRIORITY QUESTIONS: FOCUSING ON WHAT MATTERS TO WOMEN

Women want a positive childbirth experience that fulfils or exceeds their prior personal and sociocultural beliefs and expectations.

Two bottom photos: iStock by Getty Images. All rights reserved

Here are some of the views shared by women included in the systematic review.

PLOS ONE

RESEARCH ARTICLE

What matters to women du
systematic qualitative revie

Soo Downe[1☯*], Kenneth Finlayson[1☯], Olufemi Olada
Metin Gülmezoglu[2]

1 Research in Childbirth and Health (ReaCH) group, University
Kingdom, 2 UNDP/UNFPA/UNICEF/WHO/World Bank Special
Research Training in Human Reproduction (HRP), Department
Health Organization, Geneva, Switzerland

ALL WOMEN HAVE A RIGHT TO A POSITIVE CHILDBIRTH EXPERIENCE THAT INCLUDES:

- Respect and dignity
- A companion of choice
- Clear communication by maternity staff
- Pain relief strategies
- Mobility in labour and birth position of choice

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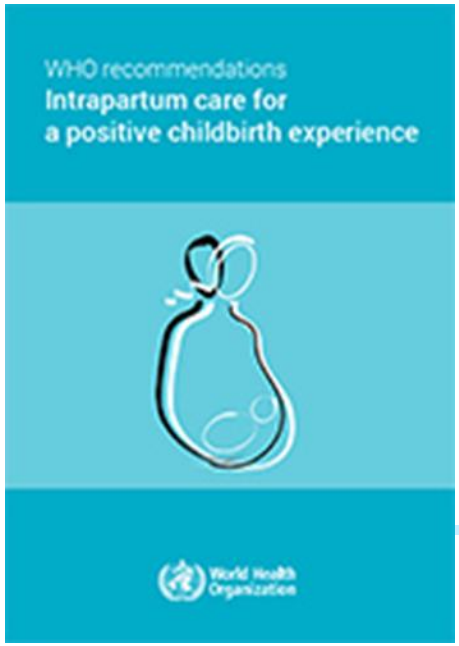
EFFECTIVE COMMUNICATION

Effective communication between maternity care providers and women in labour, using simple and culturally acceptable methods, is recommended.



Effective communication should include:

- Introducing themselves to the woman and her companion and addressing the woman by her name
- Offering the woman and her family the information they need in a clear and concise manner, avoiding medical jargon, and using pictorial and graphic materials
- Responding to the woman's needs, preferences and questions with a positive attitude
- Ensuring that procedures are explained to the woman, and that verbal and, when appropriate, written informed consent for pelvic examinations and other procedures is obtained from the woman

Supportive care throughout labour and birth

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Summary list of recommendations on intrapartum care for a positive childbirth experience

Care option	Recommendation	Category of recommendation
Care throughout labour and birth		
Respectful maternity care	1. 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 labour and childbirth – is recommended.	Recommended
Effective communication	2. Effective communication between maternity care providers and women in labour, using simple and culturally acceptable methods, is recommended.	Recommended
Companionship during labour and childbirth	3. A companion of choice is recommended for all women throughout labour and childbirth.	Recommended
Continuity of care	4. Midwife-led continuity-of-care models, in which a known midwife or small group of known midwives supports a woman throughout the antenatal, intrapartum and postnatal continuum, are recommended for pregnant women in settings with well functioning midwifery programmes.[a]	Context-specific recommendation

Implementation Challenge

Companion of choice during labour and childbirth

World Health Organization

Companion of choice during labour and childbirth

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https://bit.ly/2Zfx7FF

Cochrane Database of Systematic Reviews

Perceptions and experiences of labour companionship: a qualitative evidence synthesis

Cochrane Systematic Review - Qualitative | Version published: 18 March 2019 see what's new

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Implementation of a labour companionship model in three public hospitals in Arab middle-income countries

Tamar Kabakian-Khasholian, Hyam Bashour, Amina El-Nemer, Mayada Kharouf, Ohoud Elsheikh, the Labour Companionship Study Group

Companion of choice at birth: factors affecting implementation

Tamar Kabakian-Khasholian & Anayda Portela

BMC Pregnancy and Childbirth 17, Article number: 265 (2017) | Cite this article

Cochrane Database of Systematic Reviews

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https://doi.org/10.1002/14651858.CD003766.pub6

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Meghan A Bohren | G Justus Hofmeyr | Carol Sakala | Rieko K Fukuzawa | Anna Cuthbert

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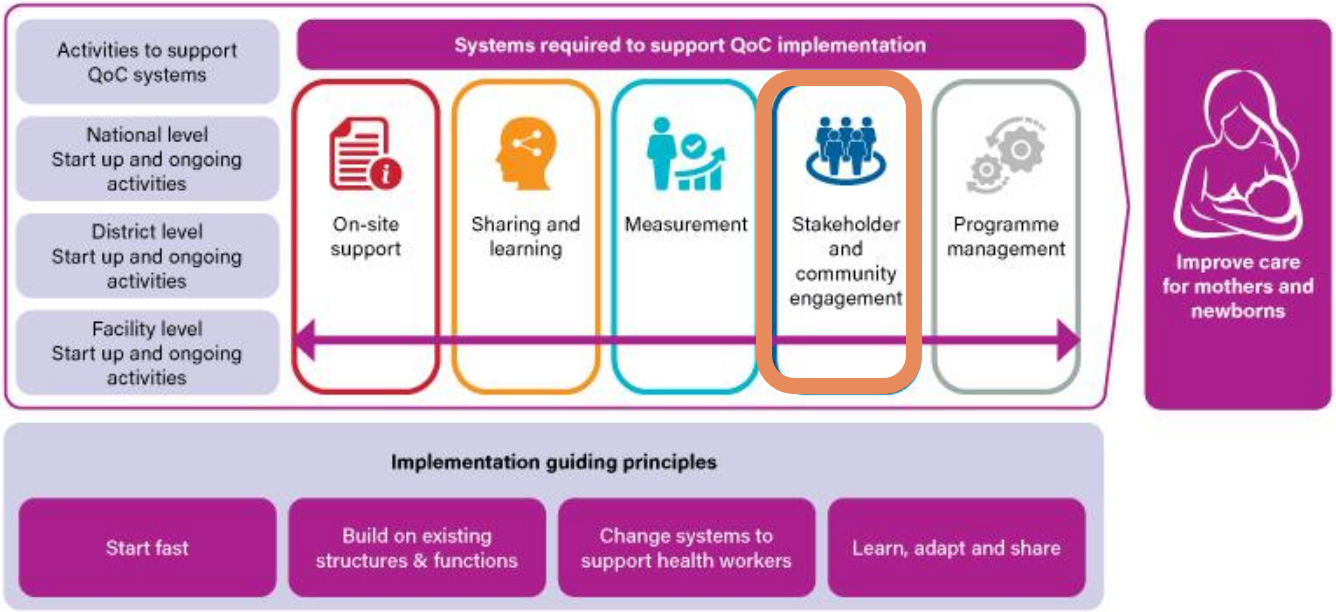
Implementation Challenge

Women and Health workers: Participation and voice

World Health Organization

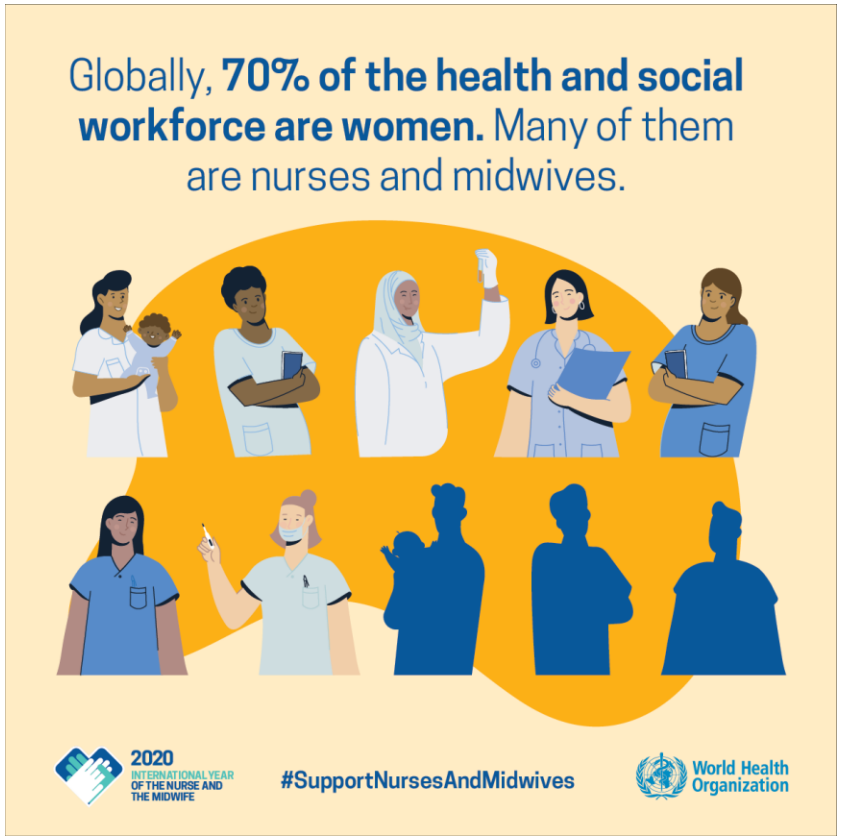
A new module for the QOC Network

This module aims to provide actional guidance to support the 'stakeholder and community engagement' component of the QOC Networks Implementation Guide.



Respectful Maternity Care Charter

World Health Organization



2020
INTERNATIONAL YEAR
OF THE NURSE AND
THE MIDWIFE

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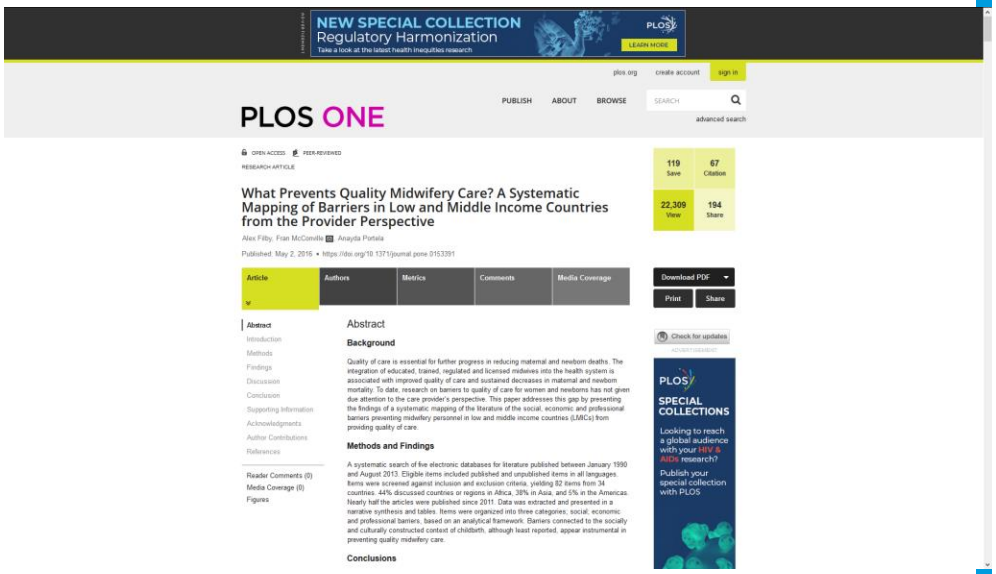


Midwives' Voices Midwives' Realities

Findings from a global consultation on providing quality midwifery care

International Confederation of Midwives
Strengthening Midwifery Globally

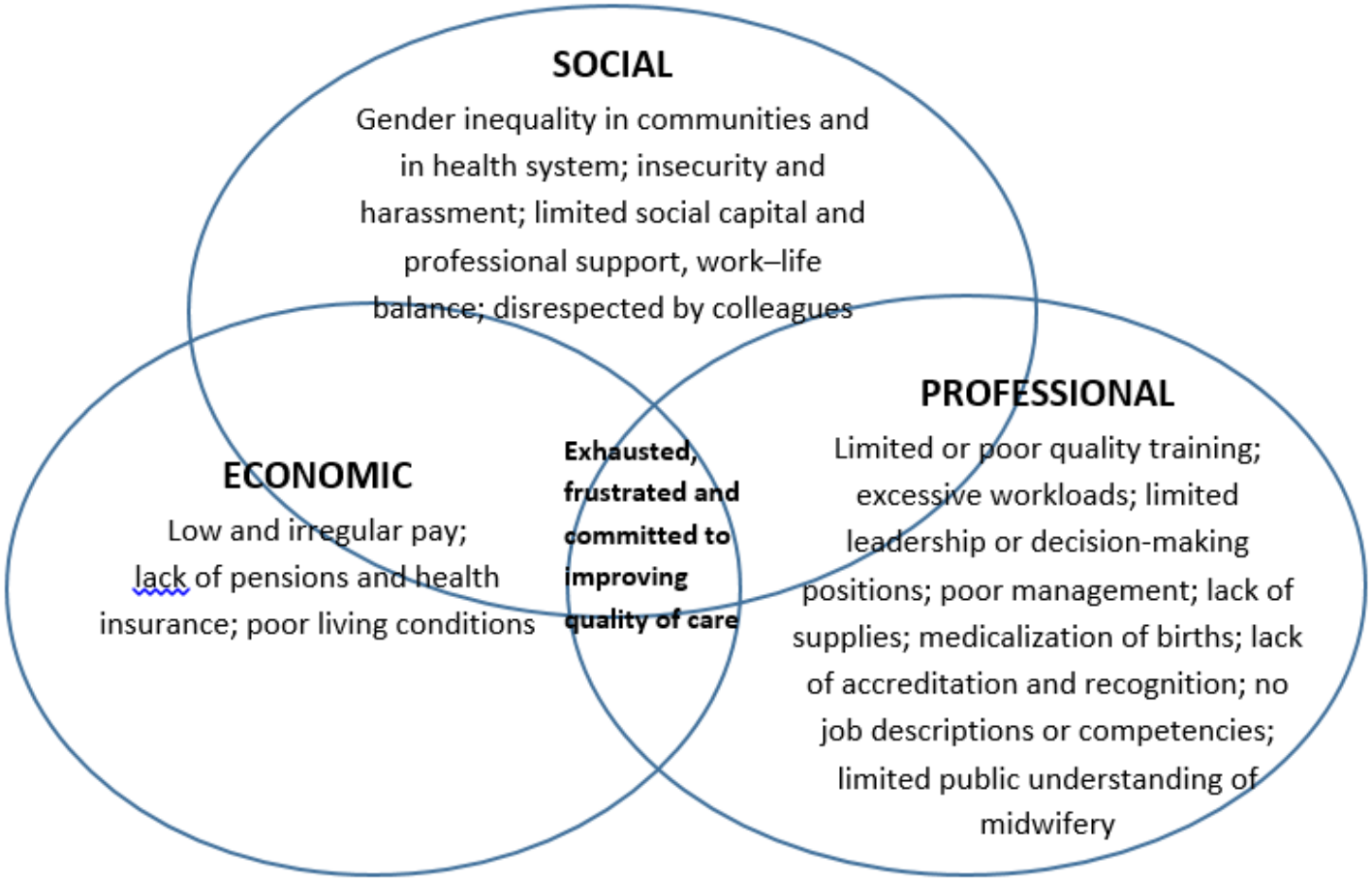
World Health Organization

THE WHITE RIBBON ALLIANCE
HEALTHY MOTHERS HEALTHY WORLD

SUMMARY FINDINGS

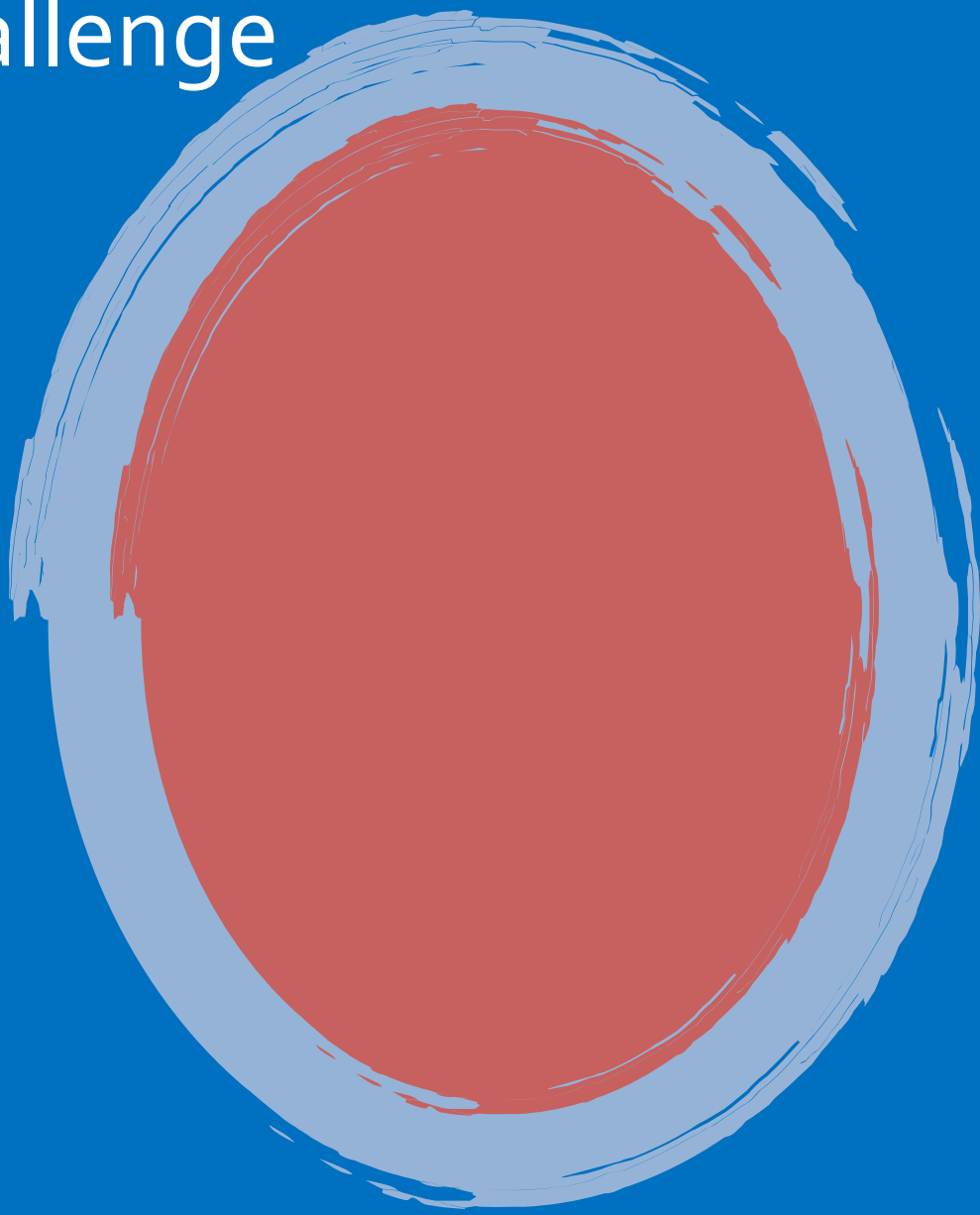
ENABLING ENVIRONMENT

- **Social and cultural enabling environment:** Social norms that encourage gender inequality and judge women who work outside the home; public perception and beliefs about midwifery.
- **Legal and regulatory enabling environment:** Lack of legal framework protecting women from violence or supporting women's rights in the workplace; laws and policies promoting women's opportunities and rights.



Implementation Challenge

Resilient health systems



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covid

All women have the right to a safe and positive childbirth experience, whether or not they have a confirmed COVID-19 infection.

Respect and dignity

A companion of choice

Clear communication by maternity staff

Pain relief strategies

Mobility in labour where possible and birth position of choice

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#COVID19 #CORONAVIRUS

Thank you

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