



# Creating High Quality Respectful Hospital Care

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**GLOBAL**  
SURGERY

« In much of the world,  
the most dangerous thing  
a woman can do is  
become pregnant. »

—Nicholas Kristof for the New York Times

<http://www.nytimes.com/2016/03/20/opinion/sunday/the-worlds-modern-day-lepers-women-with-fistulas.html>

# Outline

- **Respectful maternity care**
- **Comprehensive obstetric care**
- **Maternal mental health support**
- **Solutions and approaches**





# High Quality Respectful Hospital Care

**Improving the pregnancy  
and childbirth experience**

**High quality  
comprehensive  
pregnancy care**

**Reduce maternal mortality  
and morbidity**

**Respectful  
maternity care**

**Maternal mental  
health Support**



# Forms of \*disrespectful care

- **Verbal abuse**
- **Physical abuse**
- **Sexual abuse**
- **Refusing access to care**
- **Discrimination**
- **Failure to meet professional standards of care**
- **Failure to provide pain relief**
- **Neglect and abandonment**
- **Poor rapport between women and caregivers**

A background of red, vertically pleated curtains, slightly parted in the center to reveal the text.

**THERE IS  
NO DEBATE**

**‘Women are not dying because of diseases we cannot treat, they are dying because societies have yet to make the decision that their lives are worth saving.’**







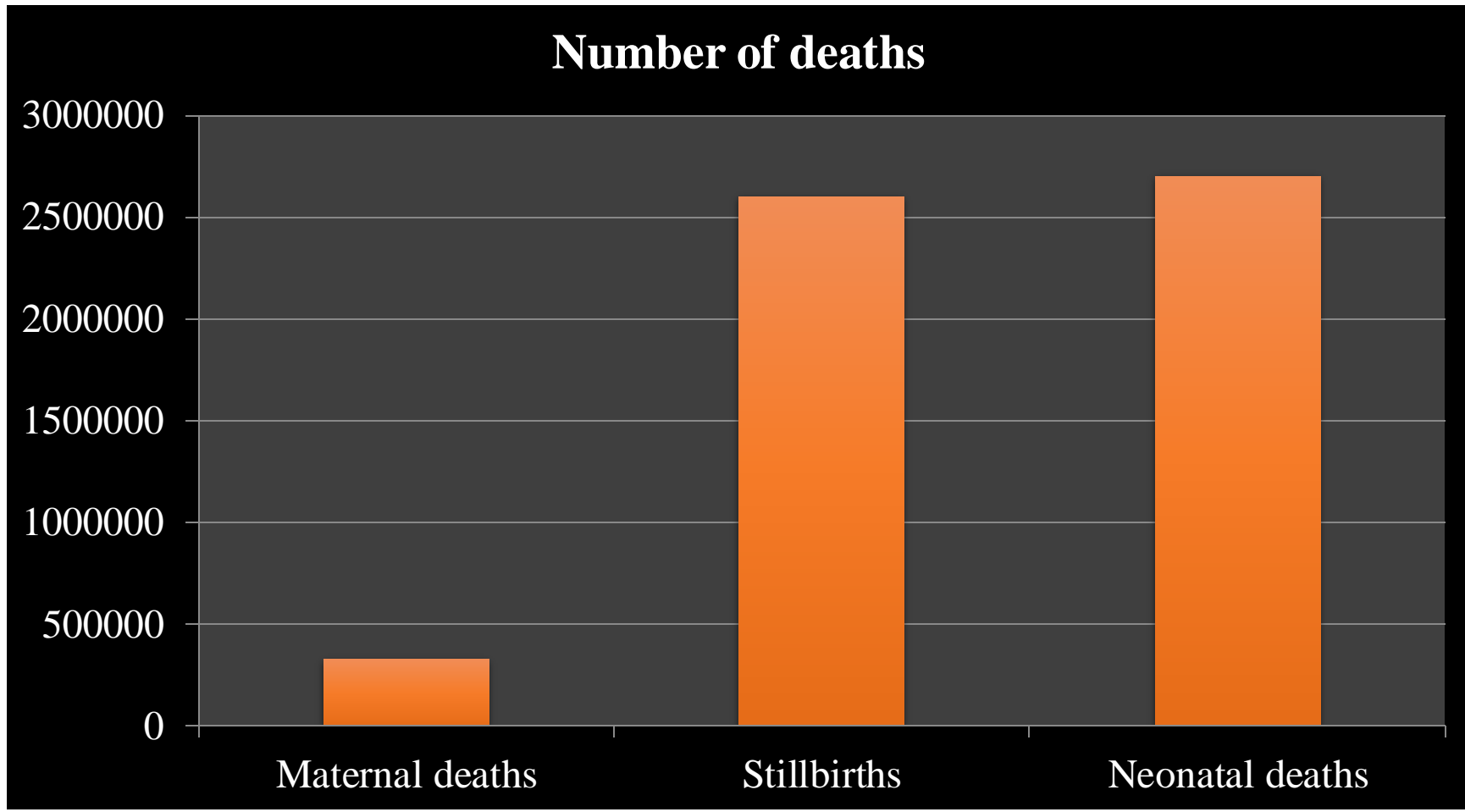
- **Which women in society experience disrespectful maternity care and abuse?**
- **What determines the relationship between a woman and her caregiver?**
- **Is there an association between abusive care and hospitals with tense and toxic work environments?**
- **Do the social determinants of healthcare also determine respectful maternity care**

# Maternal Mortality

- **810 women die from pregnancy related conditions daily globally**
- **Majority of the deaths are avoidable**
- **94% of the deaths occur in low- and middle-income countries**
- **More than half of the deaths occur in sub-Saharan Africa and Southern Asia (66% of all deaths)**

<https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

# Estimated number of deaths globally (2015)



# African mothers 50 times more likely to die after c-section than moms in rich countries, study says

By Katie Hunt and Colombus S. Mavhunga, CNN

Updated 7:30 PM EDT, Thu March 14, 2019

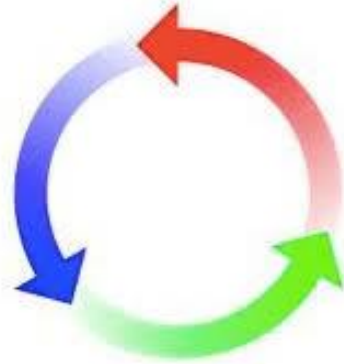


GETTY IMAGES

# Why pregnant women die

## Lessons from caesarean sections

- Lack of access
- Delayed access
- Shortage of specialists
- Shortage of equipment
- Shortage of resources
- Lack of multi-disciplinary care
- Poor infrastructure
- Poor pre-operative care
- Poor post-operative care
- Poor rehabilitation




- Stigma





# Maternal Mental Health

- **Pregnancy is overwhelming for many women**
  - **Not every pregnancy is planned or wanted**
  - **Depression may cause suffering, disability and neglect to infants needs.**
- 

- **About 10 – 13% women who have experienced childbirth have had a mental health disorder.**
- **More women in developing countries experience depression, 15% during pregnancy, 20% after childbirth.**
- **Maternal mental health disorders are treatable by even by non-specialist providers.**

# Maternal health

## Determinants of health

- **Poverty**
- **Unequal access to education**
- **Food and water insecurity**
- **Discrimination against girls**

## Causes of death

- **Obstetric haemorrhage**
- **Hypertension**
- **Infections**
- **Medical disorders**

**The pregnancy and childbirth experience, and maternal mental health are often neglected because they are not a direct cause of maternal death.**

# Drivers of poor maternal outcomes

- **Inequity: role of women in society**
- **Caregivers who experience disrespect and abuse in the workplace**
- **Unacceptable social norms**

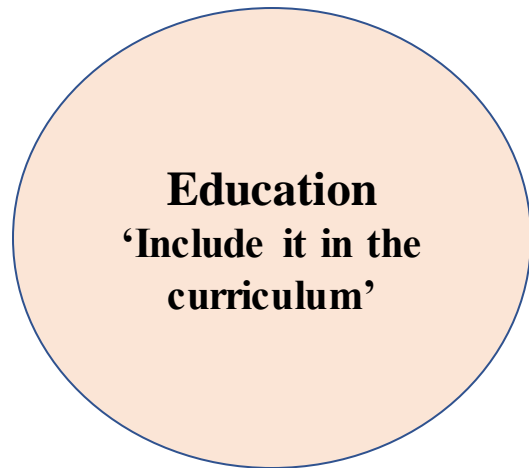


**Video**





# An implementation approach to RMC



# Solutions for RMC

- **Restructuring clinical training for midwives and doctors**
- **Developing policies that promote RMC**
- **System level quality improvement**
- **Increase human resources**
- **Locally-appropriate guidelines**
- **Qualitative and quantitative research that seeks to measure extent and impact of abuse and barriers to RMC**



# Strategies to improve maternity care

- **Prevent unwanted pregnancies**
- **Access to antenatal care**
- **Skilled care during childbirth**
- **Safe surgery**
- **Post-partum care**



**Implementation  
approach:**

**Danger of missing  
the mark.**

**RESPECTFUL  
MATERNITY CARE:  
THE UNIVERSAL  
RIGHTS OF  
CHILDBEARING  
WOMEN**



**A human  
rights  
approach to  
RMC**

# FIGO Human Rights Charter

- 1. Life**
- 2. Health**
- 3. Privacy**
- 4. Confidentiality**
- 5. Autonomy and decision-making**
- 6. Information**
- 7. Non-discrimination**
- 8. Decide upon number and spacing of children**
- 9. Freedom from torture, inhumane and degrading treatment**
- 10. Benefit from scientific progress**

# How do you enforce human rights?



If access to health care is considered a human right, who is considered human enough to have that right?

— *Paul Farmer* —

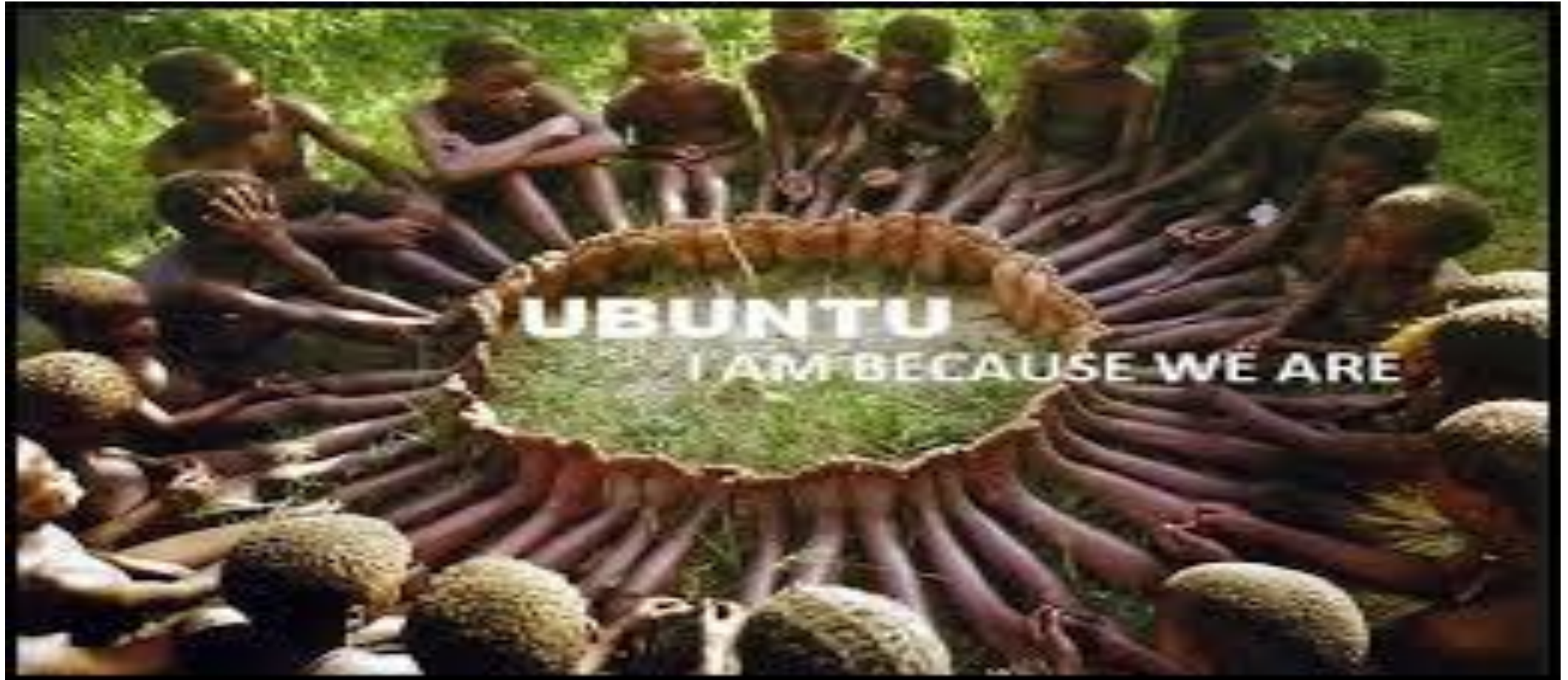
AZ QUOTES

# A human behaviour approach to RMC



**Understanding the barriers to RMC**  
**Understanding culture and context**  
**Understand the behaviour**





# The Ubuntu Philosophy

**A universal bond that connects all humanity**

**Humanity**

**Sharing**

**Respect**

**Caring**

**Community**

**Trust**





# **Social justice and equity**

**Advancing a positive childbirth experience is a cornerstone of health equity.**

**Address social systems rooted in**

- Histories of oppression**
- Exploitation of women**
- Racial inequality**

# Obstetric violence

- **An intersection between institutional violence and gender-based violence during pregnancy**
- **Overlooked**
- **Has been normalised**



# Summary

- **Ensure effective communication and community engagement**
- **Provide care that is responsive to women's needs**
- **Create respectful and dignified environments for healthcare workers**
- **Create resources for sustainable behaviour change**
- **Address inequity and discrimination**
- **Violence should not be called disrespect**



**‘Women merit special attention because of their distinctive contribution to society, a contribution that is under-recognised and undervalued - economically, socially, politically, and culturally.’**

**Lancet Commission on Women and Health**