

Promote respectful care for safe childbirth



1. Rationale

The notion of safe maternal and newborn care not only includes the prevention and reduction of risks, errors and physical harm during maternity care, but also encompasses protection from emotional and psychological harm. When women, parents and families experience disrespectful care, they may be less likely to use facility-based childbirth services in the future and may be more likely to have negative birth experiences and outcomes.

Respectful maternal and newborn care refers to care that maintains dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labour, childbirth and the immediate postnatal period. Mistreatment of women and newborns during childbirth includes practices¹ that may make a labouring woman and her partner, parents and families feel dehumanized, disempowered or not in control of the birth process. Therefore, respectful care in maternity settings contributes to quality of care and human rights-based approaches by promoting equitable access to evidence-based care, providing protection from harm and improving experience of care.



2. Suggested actions

a. Elimination of threats or hazards

- Build a culture of respectful, culturally sensitive care in maternity settings.
- Implement behaviour change strategies aimed at health workers to promote respectful care.
- Implement ongoing supervision and monitoring, with regular audit and review of outcomes related to respectful care practices in maternity settings.

b. Environmental measures

Ensure an adequate physical environment to support respectful care in maternity care settings, including:

- Space and infrastructure to minimize separation of the mother and newborn from childbirth to discharge.
- Clean, appropriately lit, well ventilated labour, childbirth, and neonatal areas that are adequately equipped and maintained.

- Privacy measures such as private rooms or consistent use of curtains or partitions in shared areas.
- Continuous water and energy supply.
- Clean, functioning, accessible and appropriately illuminated (particularly at night) bathrooms for women to access during labour and after birth.
- Safe drinking water for women, labour companions or family support people.
- Hand hygiene stations with soap and clean towels and alcohol-based handrub.
- Sufficient bed capacity for the patient load.
- Facilities for labour companions, parents and families to use, including physical private space for the woman and her birth companion.

c. Administrative measures

- Ensure health facilities providing maternity and newborn services have written, up-to-date policies, guidelines and mechanisms to ensure safe and respectful care.
- Ensure health facilities providing maternity and newborn services have an up-to-date charter on the rights of women and newborns, in line with international conventions and national and other human rights laws, that is available and visibly displayed in all areas in which women and newborns are cared for during and after childbirth.
- Establish standardized informed consent forms and processes, including communicating results of any procedures or examinations to women and their partners, birth companions, parents and families.
- Establish easily accessible mechanism (such as a complaints box) for service users and providers to submit complaints to management.
- Provide regular (at least once every 12 months) practice-based training on safe and respectful care that meets the needs (social, cultural, linguistic) of women, newborns, parents and families accessing services, supported by pre-service training and orientation of new staff.
- Establish reliable identification mechanisms for all women and newborns in maternity settings, and promotion of birth registration within the prescribed time and legal identity for all newborns from birth.
- Establish accountability mechanisms for redress of women and newborns in the event of mistreatment, violation of privacy, confidentiality or consent, and inequitable care.
- Generate data related to respectful and disrespectful care practices, including through women's and parents' satisfaction surveys to inform decisions.

d. Work practice measures

- Treat all women, newborns, parents and families with dignity, respect and confidentiality, regardless of their race, ethnicity, disability, language or other status.
- Orient women, their partners, birth companions, parents and families on what to expect from the process of labour and childbirth and care options² to aid them to make informed shared decisions; respect their preferences for any suggested interventions and care of the woman and newborn.
- Allow mother–infant dyads to remain together, promote breastfeeding and skin-to-skin contact at all times, including the first hour after birth.
- Use effective, respectful, culturally sensitive, two-way communication techniques; speak respectfully, but also listen respectfully to women and their families.
- Recognize and respect the newborn's behaviour and cues and include them in care decisions.
- Provide care that is safe and based on evidence and recommendations. Do not persuade or force women, parents or families to receive unnecessary interventions or pay bribes to receive care.
- Ensure all stillborns and newborns who die are handled respectfully and parents and families are allowed to grieve in a culturally appropriate manner.

3. Barriers to implementation

- Lack of recognition of respectful care as a key component of safe, quality maternal and newborn care.
- Lack of awareness of respectful maternity care and tolerance of poor practices among women, families, health workers and system managers.
- Lack of standardized and routine reporting and analysis of non-physical harms resulting from disrespect and mistreatment during maternity care in incident information systems.
- Lack of resources and infrastructure to provide a reliable, respectful culture of care.



4. Process and outcome measures

- Proportion of women who gave birth in a health facility who wanted and had a companion of their choice during labour and childbirth.
- Proportion of procedures in a health facility that require written consent for which there is an associated record of the woman's or parent's consent.
- Proportion of women (or newborns, parents, families) who report being subjected to physical or verbal abuse³ at any time during labour, childbirth or the immediate postnatal period.
- Proportion of staff in facilities who received training on respectful care in the last 12 months.

5. Links to WHO resources

- WHO recommendations on intrapartum care for a positive childbirth experience:
<http://apps.who.int/iris/bitstream/handle/10665/260178/9789241550215-eng.pdf?sequence=1>
- The prevention and elimination of disrespect and abuse during facility-based childbirth: WHO statement:
http://apps.who.int/iris/bitstream/handle/10665/134588/WHO_RHR_14.23_eng.pdf?sequence=1
- Standards for improving maternal and newborn quality of care in health facilities:
<https://www.who.int/docs/default-source/mca-documents/advisory-groups/quality-of-care/standards-for-improving-quality-of-maternal-and-newborn-care-in-health-facilities.pdf>
- Standards for improving the quality of care for small and sick newborns in health facilities:
<https://www.who.int/publications/i/item/9789240010765>
- Quality of care for maternal and newborn health: a monitoring framework for network countries:
https://www.who.int/docs/default-source/mca-documents/qed-quality-of-care-for-maternal-and-newborn-health-a-monitoring-framework-for-network-countries.pdf?sfvrsn=19a9f7d0_1

3. Physical abuse includes being slapped, pinched or punched by a health worker or other facility staff. Verbal abuse includes being shouted at, screamed at, insulted, scolded or mocked by a health worker or other staff.

1. Such practices may include physical or verbal abuse, discrimination, non-consented examinations or procedures, lack of privacy, lack of supportive care, unnecessary separation of mothers and newborns, and neglect or being left unattended.

2. Including evidence, risk, and benefits of procedures, processes, and use or non-use of technologies during maternal and newborn care. Care options include available options for labour companionship, pain relief and mobility during labour and childbirth, and women's and newborn's rights to health and health care.