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Respectful Maternity Care: A Field Aspiration

Significant progress has been made globally in maternal and neonatal health (MNH) care, and both maternal and neonatal mortality rates have dropped in recent decades. Despite these improvements, access to quality services is not guaranteed for many, especially in developing countries (Countdown Coverage Writing Group et al. 2008). Even when services are available, care may be compromised by social, ethical, and cultural barriers; an unwelcoming reception at the health care facility; lack of privacy and information to the client; and disrespect and abuse (Bowser and Hill 2010). These factors affect service utilization since women avoid seeking care in health facilities because of mistreatment, thus compromising the achievement of Millennium Development Goal 5.



Mother with newborn baby and partner in a health facility in Brazil after giving birth in a squatting position. Photo courtesy of Dr. Moysés Paciornik Clinic, Curitiba, Brasil.

In recent years, a movement has been advancing to promote the implementation of more respectful maternity care (RMC), emphasizing the importance of underlying professional ethics and psycho-socio-cultural aspects of health care delivery as essential elements of care (Davis-Floyd 2007; Davis-Floyd et al. 2009; Davis-Floyd and Cheyney 2009; Jones 2004). As early as the 1970s in the United States and Canada, some doulas, midwives, women giving birth, doctors, and nurses recognized the need for respectful care, which led to the creation of a movement for the humanization of childbirth. A network active primarily in South and Central America and the Caribbean, the Latin American and Caribbean Network for the Humanization of

Childbirth (RELACAHUPAN), was founded after the International Conference on the Humanization of Childbirth that took place in Ceará, Brazil, in November 2000. RELACAHUPAN is a consortium of national networks, groups, and people that propose to improve the experience of childbirth and the way one is born. Also, at the same time, there was mention of obstetric violence within some South American laws on violence against women. Overlapping with the humanization of childbirth movement, and with increasing momentum, is the current RMC movement.

RMC, sometimes referred to as “humanization of childbirth,” has been defined as an approach centered on the individual, based on principles of ethics and respect for human rights, promoting evidence-based practices that recognize women’s preferences and women’s and newborns’ needs.

Recognizing the importance of this subject, the United States Agency for International Development (USAID) has been supporting a three-pronged approach of advocacy, research, and support for implementation of RMC, with the White Ribbon Alliance working on advocacy, the Translating Research into Action Project working on research, and the Maternal and Child Health Integrated Program (MCHIP) focusing on support for field-level implementation. MCHIP’s work has included summarizing program experiences, developing program tools and templates, supporting countries interested in strengthening RMC programming, and supporting global advocacy efforts.

In this context, MCHIP conducted a survey in 2012 with the objective of collecting information from key stakeholders about their experiences implementing interventions to promote RMC. A convenience sample of 48 individuals from 19 countries responded to the survey about disrespectful care and abuse in maternity care, approaches for prevention, and ways to promote RMC. The survey report summarizes the experiences of selected countries, including programs, interventions, results, challenges, and recommendations (Reis et al. 2012). The survey report identified key areas of disrespect and abuse and associated factors related to policy; infrastructure and resources; health care management; ethics and culture; and knowledge, skills, attitudes, and standards of practice in facilities and communities.

In addition, the survey report indicated a number of RMC strategies and interventions that were then grouped into the categories of advocacy, legal approaches, interventions focused on the health facility (management, infrastructure, clinical practices, and interpersonal communications), educational and training programs, community, research, and monitoring and evaluation. Finally the survey report described challenges, lessons learned, and recommendations provided by the key informants, synthesizing and presenting them under the categories of legal framework and governance, resources, management, knowledge/skills/attitudes, community, and advocacy/communication.

The survey concluded that despite the challenges and the complexity of implementing RMC, there is interest in promoting RMC in many countries, various interventions have been implemented to address the issue, a variety of tools are available, and some consistent results have been produced.

One country with experience to highlight in the area of RMC is Mozambique. This country has been investing to create a progressive culture of RMC in its health services. The Mozambique Ministry of Health (MOH), with support from USAID, MCHIP, and other partners, has been incorporating the principles of humanization of care into national strategy documents and national technical guidelines.

Since 2007, with support provided by Jhpiego, the Mozambique MOH initiated the implementation of its “National Plan to Improve the Quality and Humanization of RH [Reproductive Health] and MNH Services” using the Standards-Based Management and Recognition (SBM-R®) approach, in which aspects of RMC were incorporated into performance standards. This approach was implemented in 18 health facilities, with significant results. Based on the experiences and lessons learned, the Mozambique MOH, with USAID and MCHIP support, launched a national Model Maternity Initiative (MMI) in 2009. Under MMI, the quality and humanization improvement process, using the SBM-R approach, was expanded to the 34 largest hospitals in the country (MISAU 2009, 2010).



A Mozambican woman who had her first child under RMC, accompanied by her partner, said “This movement is so important. We women must speak up to fight for our rights.” Photo courtesy of Jhpiego.

MMI uses principles of quality and RMC to create facilities that serve as models not only for quality maternity care, but also as clinical training sites. MMI promotes birthing practices that recognize women’s preferences and needs, and the scaling up of high-impact interventions. Specifically included are respect for beliefs, traditions, and culture; the right to information and privacy; choice of a companion; freedom of movement and position; skin-to-skin contact and early breastfeeding; appropriate use of technology and effective lifesaving interventions; and prevention of violence and disrespect.

The implementation of MMI includes definition of performance standards, provider training, baseline and systematic assessments in target facilities using the adopted standards, implementation of action plans, and recognition of facilities' progress. Health facilities participating in the MMI also track several key outcome indicators for MNH care; a gradual improvement has been observed in all monitored indicators in response to the quality improvement process. Over time, the culture of promoting RMC has become more widespread in Mozambique, with increasing involvement of pre-service and in-service training institutions, professional associations (ob/gyn, pediatric, and nursing) and civil society. The MOH, with the support of MCHIP and other partners, subsequently worked to dramatically scale up MMI. By 2014, improved quality and RMC was observed in the 124 largest maternity hospitals, which cover roughly 30% of institutional deliveries, with significant improvements in selected indicators. From a baseline of 0% in 2009, the percentage of women with a companion during delivery grew to 58%, the percentage of deliveries in a vertical position to 27%, and newborns with immediate skin-to-skin contact and early breastfeeding to 87%.

The results of the MCHIP survey and the experience of Mozambique provide a snapshot of what is happening in the field with respect to RMC, thus enabling programmers and technical advisors to provide more knowledgeable support and assistance to programs. It reflects an interest in the implementation of the RMC agenda. We can be inspired and encouraged by the energy and aspiration of our colleagues in the field to continue promoting RMC in countries and globally.

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