Respectful Maternity Care

This package of materials is designed to provide the tools necessary to begin the implementation of respectfully maternity care (RMC) in your area of work or influence. Using the tools in this toolkit, one can help to change and develop attitudes in oneself and among colleagues and other stakeholders in the care of women and their newborns.

The components of this toolkit can be used by clinicians who are providing maternity care, trainers or educators of clinicians who will be providing maternity care, supervisors of clinicians who provide maternity care, program managers who develop and manage programs with a maternity care component, and policymakers or other key stakeholders who want to promote RMC in the programs for which they are responsible.

While progress has been made in the reduction of maternal mortality during the past several decades, and much attention has been given to skilled attendance at birth, less attention has been given to the abuse and disrespect during maternity care that has been documented and observed globally. Not only does lack of respectful maternity care (RMC) constitute a barrier to the use of skilled birth attendance or facility-based births, but it also represents disregard for basic human dignity and human rights, and is the reason behind untold suffering of women during one of the most vulnerable times in their lives. In some cases policy makers, program managers, and care providers are unaware of the disrespect and abuse that is experienced in their own settings or the settings for which they are responsible. In other cases, people entrusted with the care of women and their newborns may recognize a need for RMC, but may feel ill-equipped to address the need.

This package of materials is designed to provide the tools necessary to begin the implementation of RMC in your area of work or influence. However, RMC is not a checklist or an intervention or a dialogue that is spoken. RMC is an attitude that permeates each word, action, thought, and non-verbal communication involved in the care of women during pregnancy, childbirth, and the postnatal period. One could apply the standards contained herein, check off the program characteristics described, and provide brilliant answers to the case studies, yet still fail to exhibit
the deep attitude that translates into RMC. However, with the implementation of this toolkit, you can help to change and cultivate appropriate attitudes in yourself, among colleagues, and other stakeholders.

User's Guide

This document provides an introduction to the toolkit, describes who can benefit from using the toolkit, and outlines the components of the toolkit and how they should be used.

Program Learning
Successful and sustainable programs continually develop and improve based on implementation feedback of various types. The documents and tools included in this section of the toolkit can be especially useful to program managers as they design, develop, manage, and assess their maternal and newborn health care programs to ensure that these programs reflect RMC. Learning from other programs, as well as an examination of one's own program, can help ensure that RMC is not neglected.

Components include:

- A Survey ? RMC: Country Experiences: This report on a RMC survey of 48 individuals from 19 countries provides an overview of country experiences on various aspects of maternity care challenges and ways to address those challenges. This can serve as valuable background reading for those who are not familiar with RMC practices in the field or with the ongoing research efforts of the Translating Research into Action (TRAction) Project.
- Program Review Instrument (also included in the Quality Services section): This tool was developed for use by country programs to assess their program efforts in the prevention of disrespectful and abusive care and the promotion of RMC. The result of this assessment can help inform actions to strengthen these areas in the relevant programs.
- Program Briefs, Presentations, and Reports: These program documents provide examples of RMC being implemented at the field level. They can provide guidance to program managers who want to incorporate RMC into their programs.

A Survey: Respectful Maternity Care Country Experiences

This report on a RMC survey of 48 individuals from 19 countries provides an overview of country experiences on various aspects of maternity care challenges and ways to address those challenges. This can serve as valuable background reading for those who are not familiar with RMC practices in the field or with the ongoing research efforts of the Translating Research into Action (TRAction) Project.

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Program Briefs, Presentations, and Reports

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Training Materials

This section contains two sets of materials:

- The "Learning Resource Package," which provides all the materials and guidance needed by a facilitator to conduct a one-day Respectful Maternity Care Workshop for clinicians; and
- "Alternative Birth Positions," which focuses on training, sensitization, and follow-up regarding the importance of alternative birth positions.

Learning Resource Package

This Learning Resource Package is intended to provide all materials and guidance needed for a facilitator to conduct a one-day Respectful Maternity Care Workshop for clinicians. Contents include:

- an agenda,
- a facilitator’s guide,
- a demonstration/role-play guide,
- two recommended PowerPoint presentations (White Ribbon Alliance (WRA)’s ?Respectful Maternity Care for Healthcare Workers: Tackling Disrespect & Abuse During Facility-Based Childbirth? and ?Orientation to Improving Performance with Standards: Analysis of My Workplace?),
- scenarios and scenario discussion guidance,
- an action plan template, and
- pre- and post-session knowledge assessments.

Alternative Birth Positions

A key component of implementing respectful maternity care is protecting the woman’s right to assume the position of her choice during labor and birth. Freedom to choose labor and birth
positions impacts the woman’s comfort level and the speed of progression of labor. Giving a woman the freedom to choose labor and birth positions has benefits for the woman, the baby, and the health system. A woman’s lack of choice in birthing position is recognized as a barrier to some women’s use of facility-based childbirth care. Building providers’ competence and confidence to support a range of birth positions can help to create more client-centered maternity services that may be associated with better satisfaction and utilization of facility childbirth services.

This package of materials on alternative birth positions was developed in 2016 to be used in sensitization, training, and follow-up. The materials can be used in three ways:

1) as a "standalone" training, for example, as continuing professional development;

2) integrated with basic emergency obstetric and newborn care (BEmONC) or other maternal and newborn health training; or

3) in sections, in "on-the-job/on-site" training as part of facility-based quality improvement efforts.

The materials and job aids to support alternative birth positions include the following:

- A session outline, which explains the session objectives, suggested times, content, teaching methodology, and resources to be used.
- An overview presentation, which highlights the background, evidence, and rationale for supporting birth (and labor) in alternative positions as a key component of respectful maternity care. The presentation guides participants in skills demonstration and practice on supporting birth in alternative positions. It also provides key references and other useful resources for supporting birth (and labor) in alternative positions.
- Role play guidance (directions, participant roles, situation, discussion questions), which provides an opportunity for learners to appreciate the importance of good communication and respectful care when providing information and supporting women in their rights and choices in childbirth.
- A guide for doctors and midwives with instructions and pictures on how to facilitate birth in an all-fours ("birth in hands-knees") position. This position in particular can be challenging to support without additional practice; therefore, this guide is meant to build providers’ skills and confidence. Assisting birth in other positions (sitting up, squatting, etc.) is very similar to the semi-supine position and standard guidelines should be followed.
- A job aid with pictures demonstrating various alternative labor and birth positions.
- Zip files of additional images tailored for Asia and Uganda contexts.

You may download individual materials below, or download the entire package from the Maternal and Child Survival Program website.

Advocacy

While you may understand RMC and be convinced of the importance of reflecting RMC
throughout maternal and newborn health (MNH) care and programs, colleagues, policy-makers, program managers, clinicians, and other groups and institutions may need to be convinced of the centrality of RMC to MNH. While documents and tools in the Program Learning, Training Materials, and Resource List sections may be useful in advocacy efforts, this section provides some tools that may be helpful in persuading or influencing others who may not have a clear understanding of RMC and its importance.

PowerPoint presentations in this section include:

- **PowerPoint - RMC: General Concepts and Considerations**: This PowerPoint presentation defines the content of RMC, lists some examples of disrespect and abuse as well as the rights involved, and provides guidance on the promotion of RMC.
- **PowerPoint - Overview of the Medicalization of MNH Care**: While medicalization is only one aspect of RMC, the failure to regard the well-being of the woman and newborn by imposing unnecessary or harmful practices can be considered to be abusive and disrespectful. This presentation describes some examples of medicalized care within MNH and provides scientific evidence that may be compelling for individuals involved in MNH care and programming.
- **PowerPoint - Addressing Respectful Maternity Care**: Reducing the Medicalization of Maternal and Newborn Care: While medicalization of childbirth is only one aspect of RMC, the failure to regard the well-being of the woman and newborn by imposing unnecessary, routine or even harmful practices can be considered to be abusive and disrespectful. This PowerPoint presentation describes some examples of how to reduce medicalized childbirth care and provides examples of evidence-based interventions that may be compelling for individuals involved in MNH care and programming.

Another useful advocacy tool is **A Guide for Advocating for Respectful Maternity Care**: Developed by the White Ribbon Alliance, this comprehensive resource offers valuable information, tools, and techniques for nation-level advocates of RMC.

**Quality Services**

Program managers, supervisors of clinicians, and clinicians want the MNH services they manage or provide to meet the highest possible standards of RMC. This section includes several tools that may be useful in ensuring the provision of quality RMC.

**Program Review Instrument**

Also included in the Program Learning section, this tool was developed for use by country programs to assess their program efforts in the prevention of disrespectful and abusive care and the promotion of RMC. The result of this assessment can help inform actions to strengthen these
Standards for Respectful Maternity Care

This two-part set of performance standards for RMC, with accompanying verification criteria, establishes objective guidelines to gauge healthcare workers’ clinical performance promoting RMC. These standards may be applied using the Standards-Based Management and Recognition (SBM-R) approach to performance improvement. Alternatively, a list of the performance standards and verification criteria included in this toolkit may be used as a checklist for other approaches to improve the quality of performance. The standards presented cover two components of MNH care—Childbirth Care, and Antenatal and Postnatal Care. These standards can be used for: 1) training providers in quality RMC, 2) providing guidance to supervisors to support healthcare workers in achieving RMC in the workplace, and 3) guiding program managers in the core clinical behaviors that are needed to ensure that women are receiving RMC. These standards may be used alone, or elements of these standards can be incorporated into general childbirth, antenatal care, and postnatal care standards already in use in a facility.

Indicators for Respectful Maternity Care

This section includes documents that may prove helpful as you develop and use indicators in your programs. It includes:

- RMC Measurement Workshop Report: This report provides a summary of the content and discussion from an interagency workshop held in April 2013 to address the need for a set of illustrative RMC indicators.
- Indicators Compendium: This compendium (an excerpt from the RMC Measurement Workshop Report described above) includes a list of RMC indicators that have been, and are being, used in MNH programs around the globe. No attempt has been made to assess the usefulness or validity of these indicators.
- RMC Measurement Presentations: This presentation addresses the development and use of indicators for measuring respectful maternity care.

Job Aids

These resources serve as on-the-job reminders of the importance of maintaining RMC. Job aids can remind a service provider of key elements of RMC that can be implemented within the care he or she is providing.
RMC Resources

This section provides some tools that may be used in education and training to improve RMC.

Resource List: This list provides references, tools, and links to:

- documents that can be used to supplement knowledge and provide additional information on RMC, and
- tools that can be used in the clinical setting and in programs to guide improvement in RMC practices.

Instructional Video: This video demonstrates RMC and can be used to complement training programs.

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