Respectful Maternity Care: What to measure and how to measure it

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Outline

- Background
  - 7 Domains of RMC
  - FIGO Code of Ethics
  - RMC – why it matters
- Illustrative indicators for RMC – at different levels
- Data sources
- Challenges and way forward

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Respectful Maternity Care (RMC)

- Dignified care
- Consented care
- Confidential care
- Non-abandonment in care
- No physical abuse
- No abuse related to cost, including detention
- Equity in access

Adapted from Bowser, D., Hill, K. 2010. *Exploring evidence for disrespect and abuse in facility-based childbirth: Report of a landscape analysis.* Harvard School of Public Health University Research. http://goo.gl/0NQ122 (Accessed Sept 22, 2013).

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FIGO Medical Code of Ethics: Guiding Principles

PRINCIPLE	DEFINITION	LINK TO RMC
Beneficence	Maximize the best health outcomes	**Dignified care**, RMC as a larger part of quality of care framework
Non-maleficence	Do no harm	**No physical abuse**, ensures the safety of women, **Non-abandonment of care**
Autonomy	Ensure rights of persons to make informed choices about their own health care	**Consent** and information exchange for informed decision-making, **confidential care**
Justice	Distribute the burdens and benefits of new or experimental treatments equally among all groups	**Equity in access, No abuse related to cost including detention**

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RMC– why does it matter?

- Reputation, Professionalism and Quality of Care
- Patient Safety, Service Use and Health Outcomes
- Provider Satisfaction and Retention

RMC– why does it matter?

- Reputation, Professionalism and Quality of Care
- Patient Safety, Service Use and Health Outcomes
- Provider Satisfaction and Retention
  - *Disrespect among providers is a **threat to patient safety***
  - *It inhibits collegiality, cooperation, compliance with and implementation of new practice.*
  - *6 types of disrespect among provider teams*

Leape, L. L., Shore, M. F., Dienstag, J. L., et al. 2012. A culture of respect, part 1: The nature and causes of disrespectful behavior by physicians. *Academic Medicine*, 87(7), 845-852.

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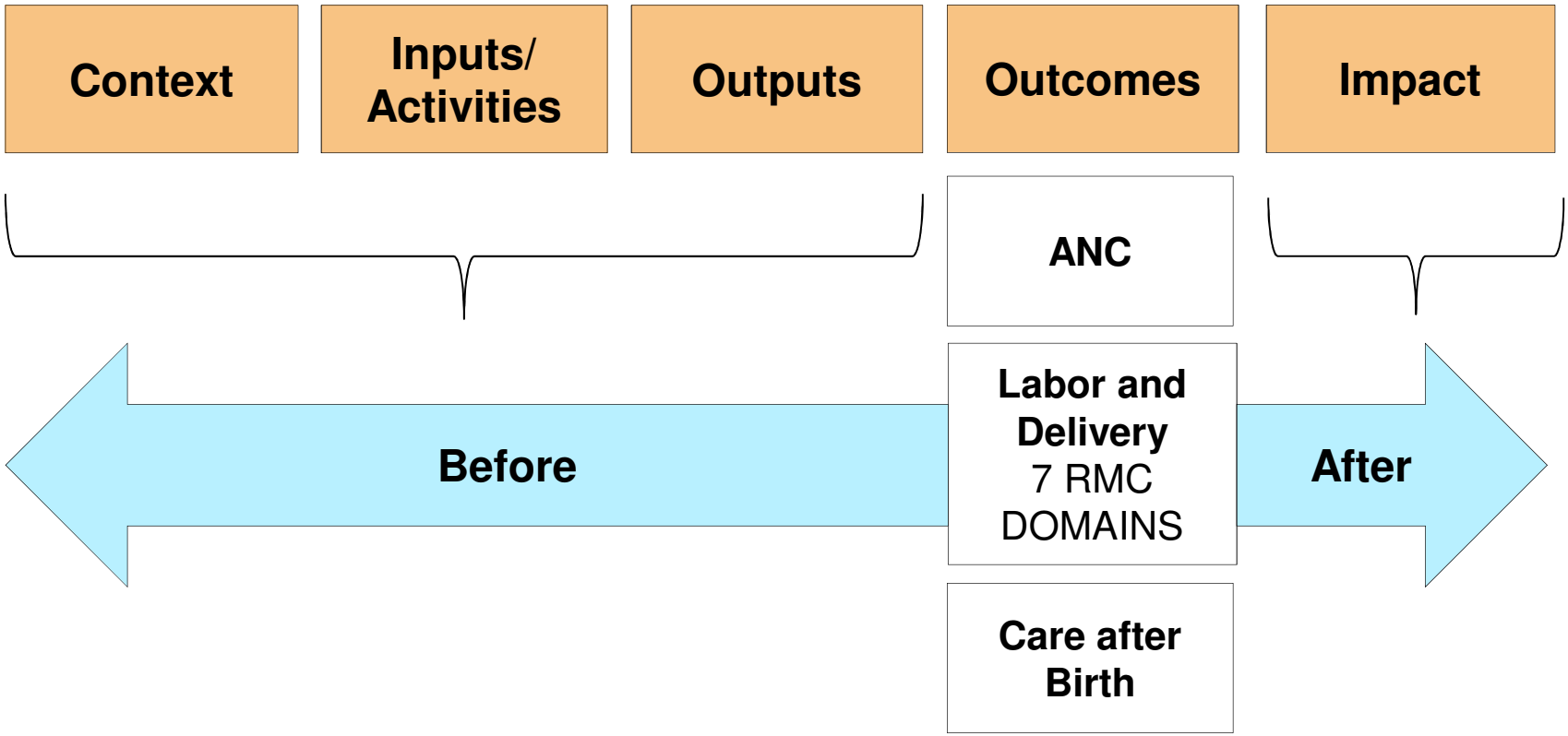
Logic Model/M&E Framework



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Illustrative Indicators for RMC

- Number of women who were asked their preferred birth position
- Number of women who had a companion present in labor or delivery
- Number of women able to explain the reason for receiving a treatment for complication (cesarean section, episiotomy, etc.)
- Number of women who were draped during examinations
- Number of providers and staff who rate the work environment as respectful

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Measure Indicators at Different Levels

"Before" and "After"

Context	Inputs / Activities	Outputs	Outcomes	Impact
Protocol for obtaining patient consent exists	Number of trainings and supervision visits	Number of providers competent at RMC standards (in simulation)	**Labor and Delivery** Number of women able to explain the reason for receiving a treatment	Number of clients intending for future births at the facility Number of women who returned for postnatal care (PNC)

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What sources should be used to collect data on RMC?

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Data from client or community

- Exit interviews with clients
- Companion interviews
- Community interviews, focus groups, “town halls”
- Feedback from community health management board

Data from Facilities

- Document review
- Facility readiness checklist/reports
- Training records and RMC competency assessments
- Supervision checklist/reports
- Labor & Delivery Provider interviews
- Observation of labor and births
- Service data

How to make data sources routine?

- Include in the work plan and budget
- Data collection by local organizations, local universities, or facility community boards
- Have short checklists and tools
- Feedback via mobile phone data/SMS (anonymity ensured by 3rd party)

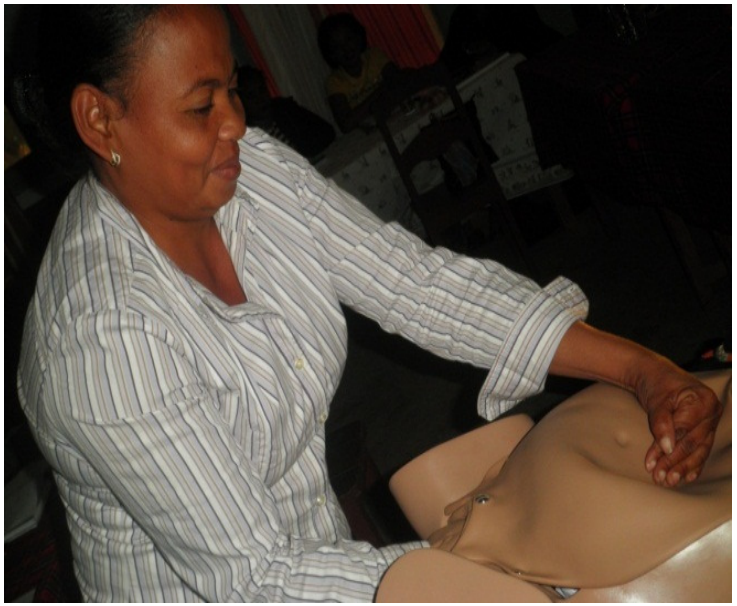
Challenges in RMC Measurement

- Lack of consensus on definitions and criteria of RMC – *but getting there*
- Lack of dialogue on RMC on why it matters, what to do, what to measure?
- Lack of dialogue with community
- Tools and indicators are emerging, not yet validated or in widespread use

Key Points

- RMC aligns with the FIGO Medical Code of Ethics
- Hold dialogues and listen to patients/clients, community AND providers & staff
- Develop RMC work in your context
- Collect illustrative indicators at different levels (context/policy, outputs, outcomes, impact)
  - consider feasibility of routine collection
- RMC measurement is a new area – be a pioneer

Thank you



Respectful care, respectful work environment – FOR ALL

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Appendix: What makes a good indicator?

Indicators should

- Map to the program theory of change / logic model
- Include both outputs and outcomes for program objectives / activities
- Be collected from sources with clear data flow pathway
- Be practical, useful for program decision-making, attributable to program efforts
- Be discussed for importance and feasibility
- Be Validated

Criteria:

- Maximization of existing data
- Minimization of burden on country programs
- Monitoring over the life of the program
- Contribution to the global learning agenda

Sources:
MCHIP, USAID,
United Nations Foundation,
MAMA M&E Framework

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