

Share-Net International

Maternal Health Meeting: Respectful Maternity Care in Various Settings

Minutes 7-11-2017 by Liselotte Kweekel

On the 7th of November the new Share-Net working group on Maternal Health organised a meeting titled: respectful maternity care in various settings. There were over 70 participants representing various different stakeholders (practitioners, policy makers and researchers). This document serves a written record of the meeting.

Prof. Dr. Jelle Stekelenburg, Gynaecologist/obstetrician and Professor 'International aspects of Reproductive Health, in particular Safe Motherhood', opens the meeting as chair with stories of three women from the Netherlands, Ethiopia and Syria, who were victim of disrespect and abuse during childbirth. These examples illustrate that we haven't reached our goal yet to have 80% of births assisted by skilled birth attendants – and that respectful treatment remains an issue that requires vigilance in all settings.

Jelle Stekelenburg introduces our three keynote speakers, but before they present spoken word artist and singer Marly provides a creative introduction to the topic by singing a song to babies that did not survive childbirth.

First speaker of the day is **Dr. A. Metin Gülmezoglu**, WHO Coordinator of the maternal and perinatal health and preventing unsafe abortion unit. His talk is titled: 'Respectful Maternity Care from WHO's Perspective, linked to the latest global research. Where are we standing?'

The WHO recently published a statement on prevention and elimination of disrespect and abuse during facility-based childbirth. This statement reaffirms that every woman has the right to the highest attainable standard of health, but unfortunately mistreatment during childbirth still exists due to power dynamics and hierarchies of authority in health systems. According to Metin Gülmezoglu, consensus lacks on how we measure disrespect in childbirth and the WHO therefore calls for greater action and support from local governments and for research. The WHO focuses on two aspects in its approach. First, measuring disrespect in childbirth – which also allows to create effective strategies to prevent and reduce mistreatment. Second, integrating effective tools to improve quality of maternal and new-born care in health facilities. For this, the WHO developed a [quality framework](#) to guide national standards of care around the time of childbirth. In the recently launched [quality of care network](#) WHO currently shares lessons learnt on the quality improvement processes in 9 countries. The ultimate goal being a life changing positive experience of childbirth.

The second keynote speaker is **Prof. Tarek Meguid**, Consultant Obstetrician and Gynaecologist in Mnazi Mmoja Hospital and Associate Professor at the State University of Zanzibar (SUZA), School of Health & Medical Sciences, Zanzibar, Tanzania.

With over 20 years experience of working at labour wards in various low-income countries, Tarek Meguid talks about respectful maternity care from a human rights perspective and the daily realities. He explains how disrespectful care has persisted for so long that this reality becomes the norm and many patients nowadays even expect to be treated in this manner. Using photos from his daily clinical life, Tarek Meguid gives us a clear reality check: there are many theoretical frameworks on human rights, but what matters is the context and contexts change over time. He argues that we need power to be able to make effective change and that agency is the key.

Women need agency (through dignity, space, voice, power and change). If we give space, then we also give power. Tarek Meguid believes that 'change is possible and walls can be demolished. But, it requires us to really *do* something. You actually need to have people on the ground, working and give a shit'. Quoting the philosopher Immanuel Kant, he states that human beings should be treated as an end in themselves and not as a means to something else. The fact that we are humans has value in itself worth respecting and incorporating in labour wards around the world.

Franka Cadée and Dr. Sally Pairman, President and Chief Executive of the International Confederation of Midwives (ICM) talk about the role of midwives and ICM: how can the Midwifery Services Framework support delivery of respectful maternity care? Franka Cadée explains the role of ICM and their activities to support midwives worldwide. According to Franka Cadée midwives use an interesting and unique combination of their *heads* and their *hearts*. They have great potential, but can't flourish if they don't have an enabling environment. She argues that midwives need to be accepted in society in order to be able to provide respectful maternity care. ICM aims to create a paradigm shift from a safety focus to a focus on respectful maternity care, taking into account these contextual issues by using the Midwifery Services Framework.

Sally Pairman dives deeper into the Midwifery Services Framework (MSF) that ICM created to strengthen midwifery services and to implement respectful maternity care in different settings. MSF is a holistic, step-by-step approach. ICM assisted in implementing this framework in Lesotho, Afghanistan, Kyrgyzstan, Bangladesh, Togo and Ghana. The MSF tries to bring stakeholders who work with mothers and maternity care in particular countries together. These stakeholders determine the priorities, which makes them commit to the programme. Many other countries have already requested ICM's assistance to implement MSF in their own health systems.

Before the break Marly makes her second creative contribution about every woman having the right to good quality care.

World cafe

After the break, the audience join the interactive 'world café' session where they discuss the following three questions:

- 1) How can a human rights approach and respectful maternity care be translated into local practice and research?
- 2) What are effective approaches to provide respectful maternity care in different contexts, including fragile states?
- 3) How can we implement the midwifery services framework as a tool to help guide countries on applying the evidence to improve their policy and programming environment for developing and implementing midwifery services?

The discussions are led by the table hosts who afterwards give us a clear reflection of the recommendations.

Questions 1: how can a human rights approach and respectful maternity care be translated into local practice and research (table hosts Prof. Tarek Meguid and Dr. Thomas van den Akker):

- We need a clear definition of what respectful maternity care is and should have evidence to support this definition.
- Local providers should do their own research to create more awareness for respectful maternity care.

- There is a big disconnect between global recommendations and what is happening on local level. Recommended is to work much more on a local level, for example by incorporating respectful care in training of healthcare providers.
- Respectful maternity care does start with yourself. Healthcare professionals can make their own small contributions by for example friendliness, listening to women, incorporate attention for mental health and ensuring privacy. Ask women what they want, emphasize good communication.
- Allow women to have a birth companion to ensure respectful care, but especially to deal with disrespectful care.

Question 2: what are effective approaches to provide respectful maternity care in different contexts, including fragile states?

(table hosts Petra van Haren and Elina Miteniece)

- Challenges to fragile settings are resources, security issues, cultural context, lack of infrastructure, personal experiences of health workers/ midwives themselves, and system hierarchy.
- Special attention is needed for work overload and stress of healthcare providers, as this can be a source for disrespectful care.
- In settings with many refugees from neighboring countries with conflict: ensure sufficient attention for local people, and not only for refugees.
- Provide communication skills training for health workers to help create mutual understanding.
- Make sure data is documented well so it can be analysed.
- Involve women in the decision making process, get their informed consent.
- Community dialogue.
- Empower midwives.
- Share good practices that are available and recognize respectful maternity care as an important topic.

Question 3: how can we implement the midwifery services framework as a tool to help guide countries on applying the evidence to improve their policy and programming environment for developing and implementing midwifery services?

(table host Franka Cadée)

- Ask women what they need. Make sure to use grassroots organisations.
- Focus on gender equality as inequality is a barrier to implementing respectful maternity care.
- Take into account the social context of the midwives. If they feel respected themselves they are more likely to behave respectful to other women.
- Recognize the effect of 'compassion fatigue', and support the overcoming of this by starting with yourself and be an example for your colleagues).
- Organise interdisciplinary meetings (e.g. through MSF).

After discussing the recommendations evolving this world café sessions, Jelle Stekelenburg asks three people from the audience to summarise their take home message:

- Lily Talapessy, from the Ministry of Foreign Affairs, emphasises that SRHR is a policy priority and that maternal care is part of SRHR. Foreign Affairs focuses on 'those who are left behind'. She mentions that this meeting reminded her once again of the importance of translating guidelines to local practice. She considers it great to see that people from

different sectors (practitioners, researchers, policy makers) came together today to talk about respectful maternity care. She furthermore encourages the organisers of this symposium to share the outcome, so that she can take practical examples to the negotiating table.

- Natassha Hoesseini, doctor at Mnazi Mmoja Hospital in Zanzibar, Tanzania and PhD students at UMC Utrecht, says that today motivated her to share knowledge on respectful maternity care with her colleagues back home. She wants to encourage them to get involved in research to find out what women want and what works in her own setting. She also asks policy makers to support midwives and doctors on the ground to provide better care for women. 'We have to keep explaining what our women mean to us and the suffering that they face in our setting.'
- Francoise Jenniskens, Share-Net International coordinator, thanks the audience for participating in this meeting. Maternal health and respectful maternity care was identified by many as a topic that we want to talk about and Share-Net is happy to see that today brought together researchers, practitioners and policy makers. Francoise asks the organisers to continue their work a bit longer to try to abstract the key messages and recommendations: how do we take this forward. 'What we do as a knowledge platform has to have an actual influence on policy and practice!'

Jelle Stekelenburg thanks the organisers of this meeting and closes the day with a personal reflection. He says that whenever you start talking about maternity care problems things become very complicated. Maternity care is about health systems and these are complex. There are no magic bullets to solve all problems. However, he likes to make it simple and ends with a cliché:

'it all starts with us, practitioners, policy makers, researchers. If we have the right attitude, our students, colleagues and women will follow!'