

Can respectful maternity care save and improve lives?

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1 | INTRODUCTION

Respectful maternity care is "... organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labor and childbirth..."¹

Respectful maternity care is not a luxury, but a human right with the potential to improve maternal and infant outcomes in all countries. Interest in measuring and providing respectful maternity care has grown rapidly over the past three decades, and the effort to describe, define, enumerate, and implement the elements of respectful maternity care around the world has led to numerous publications and an impressive consensus of these elements.²⁻⁸ Work in this area reflects a growing recognition that quality maternity care requires more than increasing access to facility-based care and skilled attendants and that highly medicalized and impersonal care is not just disrespectful, but increasingly unsafe for women and their infants.

All efforts to improve childbirth have focused on eradicating disrespectful care, from the numerous shocking revelations in the 1950s United States about "Cruelty in Maternity Wards"⁹ to countries such as Venezuela and Argentina enacting laws in the 2000s for humanized birth, a concept that promotes the rights of every pregnant woman to evidence-based information, as well as dignified, respectful, and high-quality maternity care.¹⁰ In Brazil, social movements for change in childbirth began in the 1980s, initiated by feminist groups, alternative health practitioners, health reform activists, public health officials, and others. In 1993, these groups formed the Network for the Humanization of Childbirth (ReHuNa).¹¹ With the advent of social media, respectful maternity care advocates are documenting women's stories, raising awareness

about typical childbirth practices, and demanding changes in institutional practices that are demeaning to, and unhealthy for, birthing families.¹²

Numerous studies have since provided valuable insight about the pervasive growth of the problem and the variety of ways one may experience disrespectful care. The meaning of disrespectful maternity care has evolved and today generally refers to maternity care that includes any of the following¹³:

1. Physical abuse
2. Sexual abuse
3. Verbal abuse
4. Stigma and discrimination
5. Failure to meet professional standards of care
6. Poor rapport between women and practitioners
7. Health system conditions and constraints

Respectful maternity care focuses on eliminating disrespectful care; the adoption of safe, respectful care practices; health maintenance for all (not just the richest, sickest, or most at risk); and preservation and support of the physiological processes that unfold during pregnancy, birth, and early parenting. The definition and scope of respectful maternity care, as described in the World Health Organization recommendations in the *Prevention and Elimination of Disrespect and Abuse during Facility-Based Childbirth*,¹ is broad enough to apply to maternity care globally, in high-resource and low-resource countries, for all cultures, classes, and ethnicities.

Currently, disrespectful maternity care exists in all countries to varying degrees and may take many forms within the seven categories noted above. In some countries, disrespectful maternity care consists of physical or sexual abuse in the form of hitting; unnecessary restraints; exposure of the woman's sexual parts; rough vaginal examinations; and other abusive treatment. More commonly, birthing persons are subjected to harsh, rude,

or judgmental language that may lead to worse care or neglectful care consisting of leaving laboring people alone; withholding food and drink; limited mobility; or generally, a lack of kindness.¹⁴⁻¹⁶ Other types of disrespectful maternity care may include the absence of translation services; withholding or distorting information; coercion and unfounded threats of harm to baby to gain consent for unwanted procedures; and lack of informed consent.^{14,17} These actions and care processes may be due to several complex and interdependent factors: structural, institutional, and individual racism, structural violence such as armed conflict, economic crises, and violence against women.^{18,19}

2 | THE CONNECTION BETWEEN DISRESPECTFUL MATERNITY CARE AND POOR MATERNAL AND INFANT OUTCOMES

A culture of mistreatment endangers both mother and baby, physically and psychologically, directly or indirectly. For example, once people learn about the cruel treatment in local facilities, they may refuse to go, even when they have risk factors and are told that the hospital is safest.¹³ Research on quality of care in neonatal intensive care units shows that disparate treatment in the form of judgmental or neglectful actions (usually to families rather than babies) results in worse care.²⁰

There is now widespread recognition that maternity care is woefully inadequate and disrespectful in all countries.²¹ Many of the poor outcomes to mothers and babies are unnecessary and preventable. Despite worldwide declines in both maternal mortality and infant mortality over the past 20-30 years, the rates of improvement have been much slower for both low-resource and high-resource countries than the goals set by the World Health Organization for the year 2015. It is noteworthy that the United States, which spends more on maternity care than any other nation, is the only wealthy country in which maternal mortality has *increased* over the past 25 years, especially among African Americans, American Indians, and Alaskan Natives—all groups having suffered mercilessly for generations under regimes of structural and institutional racism.^{12,22,23} The health of women and infants is highly interdependent. Infant mortality (defined as deaths in the first year of life per 1,000 births), while declining in most high-resource countries, has declined more slowly in the United States, especially among African Americans, Native Americans, and Alaskan Natives.^{12,22-24}

Disrespectful treatment or negligence may endanger both mother and baby, physically and psychologically. Although many or even most maternal and infant deaths are preventable when excellent facilities and staff are available, other disrespectful practices such as separation of mother from baby interfere with feeding and bonding. A constant state of maternal fear and solitude increases stress hormone production, which can slow labor, interfere with sleep, cause blood pressure

Take Charge Routine: A Doula's Technique to Prevent or Reduce Postpartum PTSD

All respectful maternity care proponents, and everyone who works one-on-one with people in labor, should know how to respond during a traumatic labor to reduce potential trauma symptoms. The conditions that lead to PTSD include feeling alone, helpless, or stripped of one's dignity while experiencing intense pain, fear, loss of control, and/or horror. One way to reduce these conditions includes remaining with the laboring person by using a very simple repetitive rhythmic ritual, for example, rhythmic head nodding, counting breaths, swaying with helper, chanting, stroking, tapping—always in rhythm. As they follow the helper's lead, they become calmer after repeating the same ritual with every contraction until the ritual stops “working.” Then, the team can cocreate a different ritual. Rituals often are not planned in advance but arise spontaneously. By enacting this support, the laboring person is connected with a calm guide (not isolated), remains in some degree of control (by maintaining a rhythmic ritual), and is treated with dignity (not criticized) through every breath (which eliminates three of the criteria for a PTSD diagnosis). The helper remains eye-to-eye with the laboring person, who focuses on the helper's hand or head movements or rhythmic stroking. The helper remains calm but firm and speaks in an encouraging, soothing, and rhythmic tone of voice.

Some doulas call this technique the “Take Charge Routine.”²⁸

abnormalities and some illnesses, and may lead to postpartum mood disorders, such as post-traumatic stress disorder (PTSD) or depression. Numerous agencies around the world, including private foundations, public organizations, charities, grassroots organizations, religious, medical, human rights, antipoverty, antiracism groups—too numerous to mention here—recognize the dangers of disrespectful maternity care and support and promote respectful and culturally competent maternity care.

3 | POST-TRAUMATIC STRESS RESULTING FROM DISRESPECTFUL CARE

An Internet search for scientific literature on “respectful maternity care,” “disrespectful maternity care,” and “post-traumatic stress disorder” (PTSD), and “postpartum PTSD”

yielded very few cross-references between these phenomena. Studies cross-referencing these issues were published only within the past 2-3 years,^{14-16,25} which indicates that until recently, there has been little exchange of information by researchers on the relationship between disrespectful maternity care, PTSD, and postpartum PTSD.

Making the connection between respectful maternity care and postpartum PTSD is important, because many labor events and caregiver actions during traumatic births contribute to persons developing postpartum PTSD (ie, believing that they or the baby were (and may have been) in danger of serious injury or death). Events where people feel stripped of their dignity and experience intense fear, helplessness, loss of control, and/or horror can contribute to postpartum PTSD.²⁶

As we learn more about physical and emotional harm that may follow disrespectful maternity care and develop interventions to eliminate it, we must also follow the research findings on postpartum PTSD, since the two are causally related. Various studies report that between 33 and 45 percent of women report that their births were traumatic,²⁶ but fewer than 10 percent develop the full syndrome of postpartum PTSD. We know that not all women who experience severe complications or nearly die during childbirth will develop mental health conditions. It is also true that others perceive their births as traumatic because of disrespectful care, and suffer symptoms of postpartum PTSD, even though they and their babies were not physically endangered. A major focus of maternity care should be to prevent trauma—both physical and emotional—and recognize and respond to women's needs for information, support, and further specialized treatment after difficult, complicated births.²⁷

4 | DOES RESPECTFUL MATERNITY CARE RESULT IN BETTER MATERNAL-INFANT OUTCOMES?

Alongside efforts to reduce maternal deaths and complications, particularly preventable ones because of postpartum hemorrhage or severe hypertension, we need more research on how outcomes and quality of care differ by the degree to which childbirth facilities adopt and sustain respectful maternity care culture. The World Health Organization has acknowledged this gap: “There is limited evidence on the effectiveness of interventions to promote respectful maternity care or to reduce mistreatment of women during labour and childbirth. Given the complex drivers of mistreatment during facility-based childbirth, reducing mistreatment and improving women's experience of care requires *interventions at the interpersonal level between a woman and her health care providers, as well as at the level of the health system.*” (Italics placed by authors)¹

As maternal quality initiatives are implemented in the United States to help childbirth facilities provide *safe, high-quality* care, we strongly recommend these initiatives also address the significance of respectful care. Everyone involved in maternity care, from prenatal care clinicians, hospital personnel, including the Boards of Directors, administrators, clinical personnel, and even the aides and cleaning people who have contact with childbearing families, can convey a message of caring, belonging, and competency. Respectful maternity care cultures provide opportunity for everyone to contribute to a culture of respect and dignity for all, and take pride in providing this approach to all people.

5 | CAN RESPECTFUL MATERNITY CARE PREVENT POSTPARTUM PTSD?

As we know, all birth trauma does not lead to postpartum PTSD; however, it is possible to intervene during a traumatic event, and change the circumstances to relieve some of the traumatizing factors and reduce the severity of symptoms, which allows a quicker and smoother recovery process. This lesser form of PTSD, called post-traumatic stress effects or acute stress disorder, has fewer of the symptoms of PTSD. It is sometimes possible, while trauma is occurring, to reduce its impact. One resource for clinicians to consider is the maternal safety bundle developed by the Council on Patient Safety in Women's Health Care that focuses on providing support to women, families, and the clinicians involved after a severe maternal event.²⁷ The bundle contains resources for identifying when women (and clinicians) are seriously distressed, and for developing multidisciplinary teams to address and refer to specialist care. There are opportunities for facilities to integrate these recommended practices as they implement maternal safety bundles on hemorrhage, severe hypertension, and reducing cesareans. Research on these implementation efforts could evaluate the impact of respectful care on women's short-term and long-term health. We provide an example of a doula technique to reduce distress during labor.

6 | THREE STEPS TO PROMOTE RESPECTFUL MATERNITY CARE IN INSTITUTIONS

1. *Obtain commitments to respectful maternity care from a critical mass of stakeholders.* Respectful maternity care will not be adopted fully without a commitment from all levels in the institution that it “needs to be the standard for all women worldwide.”²⁹ If seen as a part of a national trend to make positive changes, and

every person owns their part of the solution, morale will rise. “The challenge will be for policy-makers to provide the conditions to facilitate respectful maternity care, and for practitioners to make respectful care the norm in the delivery of care, to integrate it into everyday practice for all women during childbirth” [29, p. 943]. Such a massive overhaul will require some innovation and testing to integrate respectful maternity care as the norm.^{25,30}

2. *Training all care practitioners in respectful maternity care.* This does not mean simply the elimination of disrespectful care; it is the *replacement* of such care with positive, beneficial care practices. Training in respectful maternity care should begin in schools of medicine, nursing, and midwifery, with ongoing training during clinical practice until it becomes the norm in institutional cultures.^{31,32}
3. *Respectful care for health care staff and clinicians.* Finally, respectful maternity care cannot be practiced by clinicians or hospital staff who are themselves undervalued and treated disrespectfully by their superiors. Poor pay, unrealistic expectations, excessive criticism, rigid working conditions, and an uncomfortable working environment lower staff morale and commitment to excellence. If administrators, leaders, and physicians want their employees to treat patients respectfully, they need to do the same with their employees, along with modeling and upholding the importance of providing respect for patients. Furthermore, disrespectful relationships among coworkers (also called “horizontal violence” or “staff incivility”) hinder both job satisfaction and empathy for patients, through intimidation; undermining the work of others; excessive criticism; or refusing to help a colleague in need. In such a stressful environment, it is not unusual for employees to do the bare minimum and to resent those who make demands, including patients. Thus, staff incivility may compromise safe and respectful care. Along with baby-friendly and mother-baby friendly hospitals, perhaps the time is right to make hospitals “staff-friendly,” where workers are respected and are proud to work and contribute to the excellence of care. Everyone benefits, especially the patients.

7 | CONCLUSIONS

Our review finds that disrespectful maternity care is widespread throughout the world, and women are seriously harmed both physically and emotionally. Maternal mortality and infant mortality are high and associated with disrespectful maternity care, especially in countries where basic human needs for shelter, food, health care, and physical safety often go unmet. Accustomed to basic safety needs

going unmet, many people may view disrespectful maternity care as life as usual, and forgo needed medical care to avoid disrespectful situations. With numerous studies on this topic, it is clear that respectful maternity care has long-term effects on the mother and family and its lack in hospital birth settings creates a culture where support and respect are not the norm. More research is needed to investigate the relationship between respectful care and maternal and infant outcomes, which can inform health policy and quality improvement initiatives.

Post-traumatic stress disorder is a common aftermath of childbirth all over the world. It can follow a frightening injury or incident during birth, or physical or emotional mistreatment by members of the hospital staff. People's perception of disrespectful care varies across the many different world cultures but is experienced everywhere. A mother who received respectful maternity care begins parenthood with greater confidence and more rapid healing than one who was treated disrespectfully or injured. The latter may develop postpartum PTSD, which includes sleeplessness, nightmares, anxiety, inability to care for her baby, herself, and much more. It is important for us all to be aware that women will likely remember their labors and births all their lives.³³⁻³⁵ One hopes the memory will be cherished as one of the peak experiences of their lives, perhaps very challenging but one in which they felt safe and received dignified, compassionate care. Respectful maternity care can make that happen!

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