



**USAID**  
FROM THE AMERICAN PEOPLE



Maternal and Child Health  
Integrated Program

# Respectful Maternity Care Workshop

## Learning Resource Package



# Contents of RMC Learning Resource Package

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This set of learning resources provides the materials and guidance needed by the facilitator in conducting a one-day respectful maternity care (RMC) workshop for clinicians. Contents include:

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# Agenda

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**Venue**

**Date**

<b>9:00 AM</b>	Welcome, Objectives, and Review Agenda
<b>9:20 AM</b>	Pre-Test
<b>9:35 AM</b>	Demonstration or Video with Small Group Discussion
<b>10:30 AM</b>	Tea/Coffee break
<b>10:45 AM</b>	Presentation and Discussion: Respectful Maternity Care For Healthcare Workers: Tackling Disrespect & Abuse During Facility-Based Childbirth
<b>11:15 AM</b>	Scenarios and Discussion
<b>12:00 PM</b>	Analysis of Workplace
<b>12:45 PM</b>	Lunch
<b>1:30 PM</b>	Action Planning
<b>2:00 PM</b>	Report-Out on Action Planning
<b>2:30 PM</b>	Post-Test
<b>2:50 PM</b>	Summary of Day's Learning with Closing
<b>3:15 PM</b>	End of Workshop/Beginning of Workplace Transformation



# Facilitator's Guide with Session Plan

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## PURPOSE OF THIS WORKSHOP

You, whether as one or as several facilitators, will be leading a day of awareness raising, information sharing, and motivation-building for respectful maternity care (RMC). Keep in mind that 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 postpartum. One could get a perfect score on the knowledge tests and complete all session activities and still not consistently practice RMC. However, during this workshop, it is hoped that participants will begin to change and develop RMC attitudes in themselves, and learn how to facilitate the implementation of RMC in their workplaces and among colleagues who also provide care to women and their newborns.

The **objectives of the Respectful Maternity Care Workshop** are to:

- Raise awareness of common abusive and disrespectful practices and attitudes in the care of mother and newborns
- Discuss ways to address abuse and disrespect of mothers and newborns and to promote RMC
- Analyze each participant's workplace in light of clients' rights to respectful maternal and newborn care
  - What are the interpersonal factors that affect the respectfulness of care?
  - What infrastructural factors (facilities, human resources, policy) affect the respectfulness of care?
- Develop a plan of action to promote respectful care of mothers and newborns in each participant's workplace

### Participants:

This one-day session on RMC can be appropriate, primarily, for clinicians and clinical supervisors, but might also be appropriate for clinical managers and other stakeholders concerned with promoting RMC in the clinical setting.

### Equipment and Supplies:

- Room large enough to have three to four breakout groups of four to six people each for small-group work
- Chairs placed to encourage participation, i.e., semi-circle
- Flip chart or white board
- Markers for flip chart or white board
- Screen or other white surface for displaying PowerPoint presentation
- Boxlight for projecting PowerPoint presentation
- Props for opening demonstration:
  - Supportive desk or table on which facilitator (or participant) may lie
  - Pillow or folded cloth to support head
  - Blanket, sheet or some other type of drape for covering

## Session Plan

TOPIC	ROLE OF FACILITATOR(S)	TIME FOR ACTIVITY
Welcome, introductions, objectives and agenda	<ul style="list-style-type: none"> <li>The facilitator or other appropriate official should welcome the group to the session.</li> <li>Facilitators will introduce themselves and then instruct each participant to introduce him/herself with a brief statement that allows other participants to know him/her.</li> <li>Facilitators will explain that the day's format will be interactive, and any other norms that will facilitate the accomplishment of the day's objectives.</li> <li>Facilitator will review the objectives.</li> <li>Facilitator will review agenda (pg 2).</li> <li>Facilitator will invite and answer questions.</li> </ul>	20 minutes
Knowledge pre-test	<ul style="list-style-type: none"> <li>Distribute Pre-Workshop Knowledge Assessment sheets (pg. 6) to participants.</li> <li>Read the directions at the top of the sheet.</li> <li>Allow participants to complete answers (8-10 minutes).</li> <li>After collecting answers, read each question from the Answer Key (pg. 7), asking the group for the answer. Following the group's response, confirm the correct answer.</li> <li>Explain that these topics and issues will be covered during the day.</li> </ul>	15 minutes
Dramatic demonstration <sup>1</sup>	<ul style="list-style-type: none"> <li>As the facilitator finishes the pre-test discussion, the co-facilitator should lie on a table that is in full view of the participants. See instructions (pg. 8) for demonstration, paired discussion, and large group discussion.</li> </ul>	55 minutes
Tea/coffee break		15 minutes
WRA-RMC PowerPoint and discussion	<ul style="list-style-type: none"> <li>Present WRA's PowerPoint, "Respectful Maternity Care For Healthcare Workers: Tackling Disrespect &amp; Abuse During Facility-Based Childbirth".</li> <li>Use the text on the notes page of each slide to guide discussion.</li> <li>For slides 4-10, which give the categories of abuse: After showing slide, ask participants if they have ever experienced or observed this behavior or situation. Let one participant share one example from each category.</li> <li>Allow group to discuss freely.</li> </ul>	30 minutes
Scenarios and discussion	<ul style="list-style-type: none"> <li>See scenario discussion instructions (pg. 31).</li> <li>Allow 30 minutes to read and discuss scenarios in small groups.</li> <li>Reassemble participants for report-out from small-group work.</li> </ul>	45 minutes
Analysis of workplace (interactive presentation and small-group work)	<ul style="list-style-type: none"> <li>Distribute copies of illustrative standards (pg. 35).</li> <li>Present Power Point presentation with instructions.</li> </ul>	45 minutes
Lunch		45 minutes

<sup>1</sup> If the facilitator has access to a video of demonstration of births attended by a traditional birth attendant and an Ob/Gyn, or of testimonies of women, this can be substituted for the demonstration described in this Learning Resource Package.

TOPIC	ROLE OF FACILITATOR(S)	TIME FOR ACTIVITY
Action planning (small-group work)	<ul style="list-style-type: none"> <li>▪ Distribute Plan of Action forms (pg. 42) to participants and review instructions given in PowerPoint presentation.</li> <li>▪ Instruct participants to discuss and complete action plans that are feasible and can be managed for the next six months.</li> </ul>	30 minutes
Report-out highlights of small-group work	<ul style="list-style-type: none"> <li>▪ Invite each group to give brief report. Divide time so that each group is able to present and entertain 1 or 2 questions. For instance, if there are 5 groups, each group has 6 minutes. If there are 3 groups, each group has 10 minutes. Explain and observe time limits.</li> </ul>	30 minutes
Knowledge post-test	<ul style="list-style-type: none"> <li>▪ Distribute Post-Workshop Knowledge Assessment sheets to participants (pg. 43).</li> <li>▪ Read the directions at the top of the sheet.</li> <li>▪ Allow participants to complete answers (10-12 minutes).</li> <li>▪ After collecting answer sheets, read each question, asking the group for the answer. Following the group's response, confirm the correct answer.</li> </ul>	20 minutes
Summary of day's learning and closing	<ul style="list-style-type: none"> <li>▪ Ask participants for one thing they have learned today or something that will change their practice.</li> </ul>	15 minutes

## Pre-Workshop Knowledge Assessment

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Write your answer in the space provided; print a capital **T** if the statement is **true** or a capital **F** if the statement is **false**.

1. Abusive and disrespectful care occurs in low, medium, and high income countries. \_\_\_\_\_
2. Disrespect and abuse during maternity care is a human rights violation. \_\_\_\_\_
3. Confidentiality is important in family planning and reproductive health care, but not in maternity care. \_\_\_\_\_
4. It is safer to withhold information from less educated women who may not understand or become confused and distressed. \_\_\_\_\_
5. While we must value each woman and treat her kindly, we cannot and do not need to respect each woman. \_\_\_\_\_
6. Fear of disrespect and abuse may sometimes be a more powerful deterrent to the use of skilled birth care than geographic and financial obstacles. \_\_\_\_\_
7. Women-friendly care is life-saving as studies have shown that women may refuse to seek care from a provider who “abuses” them or does not treat them well, even if the provider is skilled in preventing and managing complications. \_\_\_\_\_

# Pre-Workshop Knowledge Assessment: Answer Key

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**Instructions:** In the space provided, print a capital **T** if the statement is **true** or a capital **F** if the statement is **false**.

1. Abusive and disrespectful care occurs in low, medium, and high income countries. **T**
2. Disrespect and abuse during maternity care is a human rights violation. **T**
3. Confidentiality is important in family planning and reproductive health care, but not in maternity care. **F**
4. It is safer to withhold information from less educated women who may not understand or become confused and distressed. **F**
5. While we must value each woman and treat her kindly, we cannot and do not need to respect each woman. **F**
6. Fear of disrespect and abuse may sometimes be a more powerful deterrent to the use of skilled birth care than geographic and financial obstacles. **T**
7. Women-friendly care is life-saving as studies have shown that women may refuse to seek care from a provider who “abuses” them or does not treat them well, even if the provider is skilled in preventing and managing complications. **T**

# Instructions for Dramatic Demonstration of Disrespectful, Abusive Care

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As one facilitator finishes reviewing knowledge pre-tests with participants, the other facilitator<sup>2</sup> should lie on table or desk, covered with blanket/sheet/drape. This facilitator will act as the woman in labor. The standing facilitator will act as the midwife caring for her. A man or woman can play the role of the woman in labor or the midwife.

The dialogue should follow this pattern of interaction. You do not have to read this verbatim, but should communicate these behaviors.

**Midwife:** “What’s wrong with you? The midwife who admitted you says that you were in labor since this early this morning.”

**Woman in Labor:** screams out in pain as if having a contraction.

**Midwife:** “Don’t be so loud. You’re going to frighten that woman in the bed next to you. Just breath and you’ll be fine.”

**Woman in Labor** starts to sit up.

**Midwife** shouts and pushes woman back onto bed/table: “Lie down. You can’t get up now.” You are too young to let yourself get pregnant anyway. And as long as you’re in this hospital, you’re going to lie down until you have the baby!”

**Woman in Labor:** “My mother and sister are outside. Can they come in?”

**Midwife:** “Of course not. This is a hospital. We need to keep things clean.”

**Midwife:** “I’ve got to examine you.” Midwife tries to pull sheet/blanket back from woman in order to examine her.

**Woman in Labor** holds sheet tightly and doesn’t allow midwife to pull back sheet.

**Midwife** speaks harshly and impatiently: “You don’t mind if these other women see you, do you? They’re all just like you. Anyway, you should have thought to keep the sheet up and keep your legs together when your boyfriend was crawling in bed with you.”

**Woman in Labor** is crying: “Can’t you give me something for pain?”

**Midwife**, harshly: “You don’t need anything for pain. And if you’re not going to let me examine you, then I’m going to leave you alone and let you deliver this baby by yourself.

**Midwife** exits room, leaving woman crying.

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<sup>2</sup> If there is only one facilitator, prior to the beginning of the workshop, you should find a participant who will help you with this demonstration. Explain that she will be a frightened, young woman in labor, and that you will be a disrespectful, abusive midwife. Give the script to the woman so that she has time to read through it before the session starts.

Following the demonstration, ask participants to turn to the participant beside them and briefly discuss:

- What examples of disrespect and abuse did you note during this demonstration?
- Have you ever experienced this type of care?
- Have you ever seen this type of care in the workplace?
- What positive behaviors could the midwife have taken to make the care more respectful?

After 10-15 minutes ask the group to conclude their paired discussion and turn their attention to the larger group.

Lead the participants in a discussion by asking the following questions:

- What are some of the examples of disrespect and abuse you noted or discussed with in your paired conversation? Allow 10 minutes for responses.
- What positive behaviors could the midwife have taken to make the care more respectful? Allow 10 minutes for responses.

Summarize the discussion, telling them that throughout the day, they will learn more and will be able to share more examples of disrespect and abuse and how to promote respectful maternity care.

## PowerPoint Presentations



In every country and community around the world, pregnancy and childbirth are hugely important events in the lives of women and families. They are also a time of great vulnerability. The relationship with the maternity care system **and with you as caregiver** during this time is incredibly important.

In addition to bringing vital, possibly lifesaving health services, women's experiences with maternity caregivers have the power to give strength and comfort... or to cause lasting damage and emotional trauma. Either way, women's memories of their childbearing experiences stay with them for a lifetime.

Imagine the personal treatment you would expect from a maternity care provider entrusted to help you or a woman you love give birth. Naturally, we want good judgment and clinical competence, and we imagine a relationship that is characterized by caring, empathy, support, trust, confidence, empowerment, and gentle, respectful, effective communication.

Unfortunately, too many women experience care that does not match this image.

This presentation is about disrespect and abuse of women during maternity care, and what we can do to tackle this problem.



## Disrespect & Abuse in Childbirth: What We Know

- A global problem
- Occurs in low, medium, and high income countries
- Many anecdotal reports, little formal research
- No normative standard for respectful care
- It is a violation of human rights



### **Every day in countries all around the world....**

Pregnant women seeking maternity care from the health systems in their countries instead receive ill treatment that ranges from relatively subtle disrespect of their autonomy and dignity to outright abuse: physical assault, verbal insults, discrimination, abandonment, or detention in facilities for failure to pay.

We might think that such traumatic experiences during maternity care occur in countries other than our own; however this is a global problem. Reports and studies of women's experiences come from countries all around the world, including our own.

Some of us have known about this problem for a long time, and have witnessed or even experienced it ourselves, but we did not know who to tell or what to say. Perhaps in your facility, some of these behaviors are accepted as "normal" or harmless. In this way, a "veil of silence" has covered up the humiliation and abuse suffered by women seeking maternity care.

For example, there is little formal research on the prevalence and factors that contribute to this problem, and as a result we don't know enough about effective interventions to eliminate disrespect and abuse. More research is still needed.

In addition, to date there is no agreement on what Respectful Maternity Care means. It is clear, however, when we look at international human rights standards,

## Categories of Disrespect and Abuse



- Physical Abuse
- Non-Dignified Care
- Non-Consented Care
- Non-Confidential Care
- Discrimination
- Abandonment or Withholding of Care
- Detention in Facilities

Bower and Hill (2010)

*Source: USAID TrAction Project*

USAID recently commissioned a landscape review on the subject by Bowser and Hill (2010), "Exploring Evidence and Action for Respectful Care at Birth." This report attempted to capture what is currently known on the subject, through research studies, case reports, and interviews. The authors identified seven major categories of disrespect and abuse that occur during maternity care.

The following testimonials from women around the world are drawn from existing published reports—we are grateful to the researchers, advocates, and activists who have brought these women's stories to light to help break the silence. We know there are many more stories from many more places that have still not been shared. Perhaps you have a story from your experience that should be shared.

## 1: Physical Abuse



*"When a woman goes into the second stage of delivery, you don't want her to close her legs, so you're beating her."*

— Kenya (Ogangah, Slattery, and Mehta Soon, 2007)

Hitting, slapping, pushing or even roughly touching a woman is (removed the word “also”) the physical abuse. All physical contact with our patients should be as gentle, comforting, and reassuring as possible. Freedom from physical abuse is the right of each of our patients.

## 2: Non-consented Care



*"Providing explanations to less educated women is a not a good use of time as 'they just can't understand'"*

— South Africa (Fonn et al., 2001)

Language use and level, educational attainment and cultural background may vary among our patients. All need careful explanation of proposed procedures in a language and at a level they can understand so that they can knowingly consent to or refuse a procedure. The freedom to consent to or refuse care is the right of each of our patients.

### 3: Non-confidential care



*"...I was assisted by one of the patients who was waiting to give birth. The nurse later came and took the baby...then told me to get up and wipe the bed."*

-- Kenya (Ogangah, Slattery, and Mehta Soon, 2007)

Patients have a right to privacy and confidentiality during the delivery of services. This includes privacy and confidentiality during counseling, physical examinations, and clinical procedures, as well as in the staff's handling of patients' medical records and other personal information.

We must do whatever is possible to protect the privacy and confidentiality of our patients and to keep the mother and baby together at all times. Confidential care is a right of each of our patients.

## 4: Non-dignified Care



*"One nurse told me: 'Lady, can't you see that you are in the way? Go over there, you aren't anything but an animal and talking to you is like talking to an animal.'"*

—Dominican Republic (Miller et al., 2002)

Every woman we care for is a person of value and is worthy of our respect. We must honor the dignity of each woman in our words, our actions, and all of our non-verbal communication. Dignified care is the right of each of our patients.

Dignity, comfort, and expression of opinion: All patients have the right to be treated with respect and consideration. Service providers need to ensure that patients are as comfortable as possible during procedures. Patients should be encouraged to express their views freely, even when their views differ from those of service providers. **Service providers also need to ask the patient for feedback.**



## 5: Discrimination



*"Everything that came out of her mouth was the color of my skin. She goes, 'You're the first dark person I've ever had.' I sat there and had to deal with that. After that, I left and never went back."*

— USA (Amnesty International, 2010)

All women are equally worthy of our respectful care regardless of ethnic background, culture, social standing, educational level or economic status. Discrimination is never okay. Non-discrimination is the right of each of our patients.

## 6: Abandonment of Care



*"You just call until you get tired and then you finally deliver by yourself and die. I have even witnessed it myself."*

- Kenya (Family Care International, The Skilled Care Initiative, 2005)

A woman in labor or immediately after birth should never be left alone. If you must leave your patient, tell her when to expect your return and how to get help if needed. Attentive care is the right of each of our patients. Women should be able to have a companion of their choice, such as a family member or community doula, with them throughout labor and birth at the health facility to provide continuous support.



## 7: Detention in Facilities



*"When I got the bill, the doctor said to me, 'Since you have not paid, we will keep you here.'"*

— Burundi (Human Rights Watch, 2010)

A woman or her baby should never be forcibly kept in a facility. Freedom from detention is the right of each of our patients.



## Impact on Safe Motherhood

- Disrespect and abuse during facility-based childbirth have a negative impact on skilled birth care utilization
- Reviewed studies suggest that fear of disrespect and abuse may sometimes be a more powerful deterrent to the use of skilled birth care than geographic and financial obstacles

The concept of “safe motherhood” is usually restricted to physical safety, but safe motherhood is more than just the prevention of death and disability. It is respect for women’s basic human rights, including respect for women’s autonomy, dignity, feelings, choices, and preferences, including companionship during maternity care.

Recent studies illustrate this fact: a recent population-based study in Tanzania by Kruk and colleagues that examined women’s choices showed that “provider attitude” was the highest predictor, along with availability of commodities, of women’s choice to use facility-based childbirth services. It mattered to women more than cost, distance, and lack of availability of free transport (obstacles often cited in discussions about skilled care utilization).

This suggests that provider attitude is important in determining whether or not women deliver in facilities with skilled providers. Respectful care is a life-saving skill. Your treatment and care of each of your patients should result in their choice to return to your care whenever needed.

Population-based Study (Kruk et al, 2009, Tanzania)

Method: Population-Based Discrete Choice Experiment (N=1,203)

Result: Provider attitude & availability equipment/drugs most predictive of utilization facility childbirth services among 6 variables (higher than cost, distance, free transport)

Conclusion: Home deliveries would decrease by 17% if provider attitude improved

## Discussion



Is this a problem that you have seen or heard about in maternity care facilities in your community or country?

The White Ribbon Alliance for Safe Motherhood is bringing together concerned partners to develop collaborative strategies to address disrespect and abuse during maternity care. We are calling on people from across relevant sectors (research, clinical service delivery and education, human rights and civil society advocacy) and from countries around the world-- to eliminate disrespect and abuse in maternity care.

We believe that everyone has a part they can play to promote Respectful Maternity Care. Open discussion will allow us to develop a deeper understanding and to jointly strategize to bring effective programs, policies and advocacy to ensure that every woman's right to respectful care at birth is upheld.

Is this a problem that you have seen in your facility? Is there anybody working on this problem? What kinds of solutions are being tried and what is working? What would you suggest to prevent abuse and disrespect of women cared for in your facility?

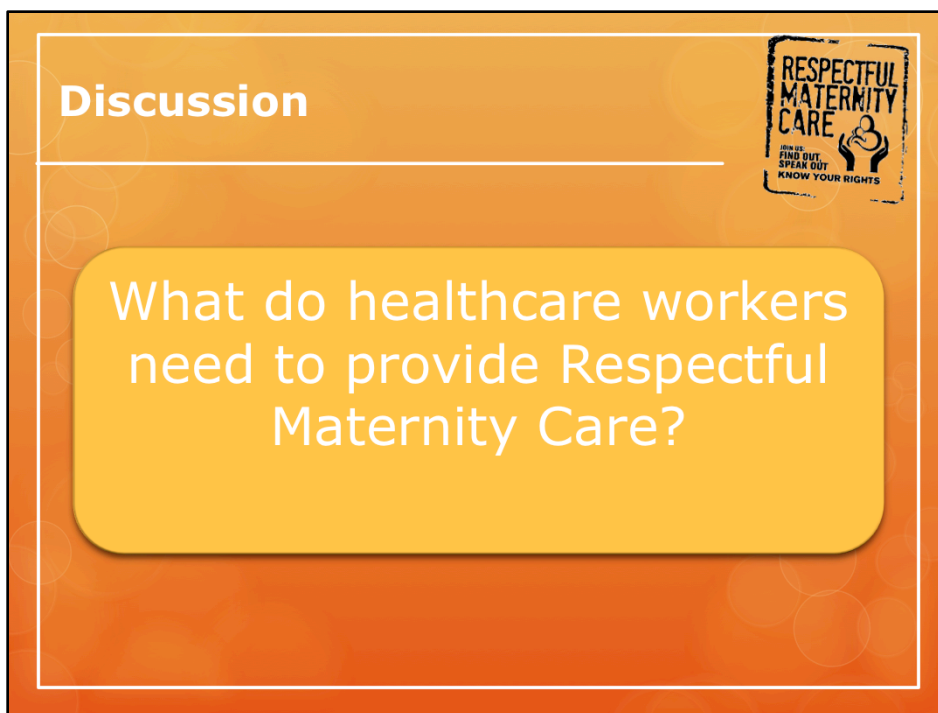
## Discussion



What does Respectful Maternity Care look like?  
What other factors impact Respectful Maternity Care?

What do you think Respectful Maternity Care should look like? That may not be the care that is considered “normal” for your facility or culture. What other factors contribute to respectful care?

How can providers support respectful care of their patients AND respectful treatment of providers? What has been your experience in introducing this?



Health workers should expect respectful treatment:

Health care workers want to perform their duties well, but they must have administrative support and critical resources to be able to deliver the high-quality services to which patients are entitled. Lack of support, chronic staff shortages and lack of resources can lead to chronic frustration for providers and staff.

Acknowledging that patients have a right to expect certain things when they come for services is a powerful concept, and has implications for staff behavior and performance. Recognizing that service providers and other staff have needs that must be met if they are to provide quality services can be a motivating force among staff and supervisors.

#### The Needs of Health Care Workers

**Facilitative supervision and management:** Health care staff function best in a supportive work environment in which supervisors and managers encourage quality improvement and value staff. Such supervision enables staff to perform their tasks well and thus better meet the needs of their patients.

**Information, training, and development:** Health care staff need knowledge, skills, and ongoing training and professional development opportunities to remain up-to-date in their field and to continuously improve the quality of services they deliver.

**Supplies, equipment, and infrastructure:** Health care staff need reliable, sufficient inventories of supplies, instruments, and working equipment, as well as the infrastructure necessary to ensure the uninterrupted delivery of high-quality services.

## RESPECTFUL MATERNITY CARE: THE UNIVERSAL RIGHTS OF CHILDBEARING WOMEN



Category of Disrespect and Abuse <sup>1</sup>		Corresponding Right
1.	Physical abuse	Freedom from harm and ill treatment
2.	Non-consented care	Right to information, informed consent and refusal, and respect for choices and preferences, including companionship during maternity care
3.	Non-confidential care	Confidentiality, privacy
4.	Non-dignified care (including verbal abuse)	Dignity, respect
5.	Discrimination based on specific attributes	Equality, freedom from discrimination, equitable care
6.	Abandonment or denial of care	Right to timely healthcare and to the highest attainable level of health
7.	Detention in facilities	Liberty, autonomy, self-determination, and freedom from coercion

Human rights are due to all people, have been recognized by societies and governments and held up in international declarations and conventions. To date, no universal charter or instrument shows how human rights apply to the childbearing process.

To promote Respectful Maternity Care, WRA facilitated the development of a rights charter, with broad input from its project partners and representatives from the network of WRA National Alliances and international NGOs around the globe who contributed to this consensus document.

Seven rights are included, drawn from the categories of disrespect and abuse identified by Bowser and Hill (2010) in their landscape analysis. All these rights are based on international or multinational human rights instruments. The Charter demonstrates the legitimate place of maternal health rights within the broader context of human rights. The healthcare worker is the key to ensuring that women's rights are respected.



The charter can be used to talk about the problem of disrespect and abuse during maternity care within a positive, right-based framework, so we can start to lift the “Veil of Silence” on this issue.

The charter builds a strong **positive** global standard for Respectful Maternity Care and affirms maternal health rights as basic human rights grounded in international declarations

We hope the Charter can be used to:

- Raise awareness of the problem in a way that avoids blaming/shaming
- Show that the rights of childbearing women have already been recognized in guarantees of human rights
- Provide a tool for advocacy at all levels and a basis for accountability
- Provide a platform for building childbearing women’s sense of entitlement to quality maternity care by aligning it with international human rights
- Serve as a guide for healthcare workers as they provide maternity care to women in their facilities.



## Discussion



How can you use the Respectful Maternity Care charter to address disrespect and abuse in your sector/setting?

Every month, the global WRA Action of the Month will focus on Respectful Maternity Care.

We hope that you will be inspired to visit the website and Take Action!



# Suggestions




1. How Respectful was YOUR maternity care experience? Share your story as a receiver or provider of maternity care or ask your mother, sister, wife, daughter to tell you about her experiences. Please submit to: **takeaction@whiteribbonalliance.org**
2. What does RESPECTFUL MATERNITY CARE *look like*? Get creative and share your vision of RMC in any medium (painting, photography, video, poetry, collage, drawing) . Please submit to: **takeaction@whiteribbonalliance.org**
3. Host a discussion with friends, colleagues or community members about respectful maternity care. Download this PowerPoint and tips for discussion.

***As a caregiver ask YOURSELF how would YOU like to be treated if you were giving birth in your facility. List 5 things that YOU would want during YOUR care.***

**JOIN US: FIND OUT! SPEAK OUT!**  
**THANK YOU!!**

For more information, please visit:  
[www.whiteribbonalliance.org/respectfulcare](http://www.whiteribbonalliance.org/respectfulcare)



## Orientation to Improving Performance with Standards

Analysis of My Workplace



## What Do We Want to Do This Session?

- Orient to Performance Improvement Using Standards
- Review Some Standards for Respectful Maternity Care
- Analyze Workplace
- Make a plan to improve performance in RMC

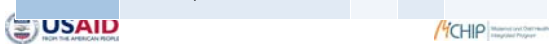


## What Is a Performance Standard?

- Performance standards describe:
  - ✓ What to do
  - ✓ How to do it
- ✓ And...they can be measured!





PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N OR NA	COMMENTS	
<i>Instructions to the assessors: Observe standards with two patients. Use one column for each patient.</i>				
1. The woman is protected from physical harm or ill treatment.	Never uses physical force or abusive behavior with the woman, including slapping or hitting	1 <sup>st</sup>	2 <sup>nd</sup>	
	Never physically restrains woman			
	Touch or demonstrate caring in a culturally appropriate way			
	Woman is never separated from her baby unless medically necessary			
	Woman is not denied food or fluid unless medically necessitated			
	Comfort/pain-relief provided as necessary			



## Let's Look at the RMC Performance Standards

- Note the Standards
- Note the Verification Criteria
- Note Assessment of Yes (Y), No (N), or Not Applicable (NA)
- Note Comments
- Can be locally adapted
- Can be used by clinicians, supervisors, clinical managers, assessors



## Now Let's Think About Your Workplace Small Group Work

- In what areas (aspects of care) do you demonstrate RMC?
- In what areas (aspects of care) do you need to improve?
- How might you help your workplace achieve the RMC standards?
- Let's start to make a plan – will not complete today




### Action Plan Format

Intervention	Activities/ Steps	Person Responsible	Timeframe

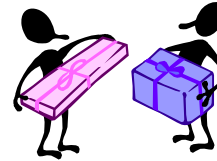


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### Sharing Highlights

- Let's share some highlights from your small group work



### Good Luck !



# Scenarios and Discussion Guidance

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## INSTRUCTIONS FOR FACILITATOR

To guide the discussion of these scenarios, the facilitator (of a small or larger group) reads Scenario #1 below. Instruct participants to picture themselves in this situation. Then ask the first question and encourage answers and discussion from the group. Encourage participants who are quiet or shy to share their thoughts, assuring them that their responses are not to be considered “right” or “wrong,” but rather to provide various perspectives on ways to address these situations. After the group seems near the end of that discussion, you can mention any additional points from the answer that the group may not have mentioned.

Then proceed to the next question and manage in the same way, inviting discussion and adding any points that are not mentioned in the discussion.

After finishing Scenario #1, proceed to Scenario #2 and guide the discussion in the same manner. At the end of the discussion, summarize using key points from the answers provided below. If this is a small group activity, you may write key points that the group mentions on a flip chart to share with the larger group.

## RMC SCENARIO DISCUSSION #1

You are a midwife who arrives for duty in the district hospital where you work. As you take over duty from the previous midwife you are told that one of the women in labor, Mrs. M, is 17 years old, G1P0, full term, reportedly in labor for 8 hours, admitted to the hospital four hours ago. You are told that she is uncooperative and difficult to examine because she holds her legs together and cries.

You observe the 17-year-old lying on a bed in the labor area with only a sheet covering her. You know that the labor area does not have curtains between beds and you know that the midwife who is reporting to you usually takes the sheet off when examining someone and has been seen to force a woman’s legs apart when she decides to do an exam. She usually communicates little with women in labor except to tell them to “be quiet” or “shut up.” The other midwife leaves and you take over the care of Mrs. M. Fortunately, you see that you have only two women in labor at this time.

**What may be some of the underlying factors that account for the disrespectful behavior of the other midwife?**

Answer: Perhaps she

- Was taught or mentored by midwives or other healthcare workers who abused and disrespected patients.
- Is abused at home.
- Has physical or emotional problems.
- Is stressed because of family or other situation.

**What might you do to provide respectful maternity care to Mrs. M?**

Answer: You might

- Approach Mrs. M with a smile and introduce self.
- Ask her how she is, and listen attentively to her response.

- Patiently recognize that her resistance to a vaginal exam may have many causes: fear, shyness, socio-cultural beliefs, experience of gender-based violence.
- Gently touch her or wipe her forehead with a cool cloth.
- Spend some time with her providing comfort measures.
- Since there is only one other woman in labor, allow Mrs. M's (and the other woman) to have one companion.
- When it is time to examine her:
  - Explain what you are going to do and why you are going to do it.
  - Be sure she is properly draped with the sheet or other covering while doing the exam.
  - Gently approach her and ask for her help by separating her legs so that you can examine her to help both of them know how she and the baby are doing.
  - Explain the findings of the exam and their significance/meaning.
- Reassure Mrs. M that she only needs to call you and you will come to her bedside.
- Come quickly when she or her companion calls.
- Reassure Mrs. M that you will not leave her, even if her companion has to step outside.
- Treat Mrs. M as an individual and consider her companion/family as you care for her.
- Instruct companion how best to assist and keep the companion informed and involved.
- Provide non-pharmacologic or pharmacologic pain relief as appropriate.

## RMC SCENARIO DISCUSSION #2

You are a midwife who began work in the labor and birth areas of the referral hospital in your city about six months ago. You have become concerned because you hear from your neighbors and others that they do not want to go to the hospital in labor because they are treated so poorly. You also observe that:

- On arrival women are given a bed number and are referred to by that number rather than their name.
- The other midwives make fun of the women, especially those who are from lower socio-economic groups.
- The women are given no privacy. Although curtains exist, they are not used. There is no attempt to drape a woman during an examination.
- Women are forced to stay in bed and lie on their back during labor and birth.
- Women are frequently pushed and shoved if they attempt to sit up or turn over during the birth.
- Women are left alone when their midwife goes for tea or lunch.

You are quite concerned about the abuse and disrespect that the women receive.

### **What are some possible reasons for this abusive and disrespectful care?**

Among the answers might be:

- The management or administration may not have a respectful attitude towards women in labor or may not have stopped to think about the experience of the women in labor.
- The pay and work conditions may be poor with long work hours and heavy case load.

- The schools in which the other midwives were trained may not have taught respectful maternity care in classroom and/or clinical practice.
- The physicians and others in authority may show disrespect and abuse of the women and therefore it is viewed as “normal.”

**How might you help promote respectful maternity care in your setting?**

Among the answers might be:

- Treat each woman respectfully, referring to each by name, pulling the curtain and draping when examining the women, smiling, comforting, reassuring. Other midwives may take note and compare this to their own behavior.
- You might mention some of the things that your neighbors and friends say about the care they receive—not in an accusatory way, but in a way that makes them think about the implications of their care.
- You might mention—not in an accusatory way, but in the way a friend might inform a friend about something they learned—that you have learned of a study that says that women in labor do better with a companion and are not left alone. You might also mention that fear and anxiety can cause women to be “uncooperative,” and to actually feel more pain.
- You might mention that for the poorer women, this might be the only place where they can receive care and attention. Call upon their emotions and minds to help them understand the difficult situation from which they come
- When possible, use an example of yourself or your relative who experienced either good care, which was positive, or abusive, disrespectful care, which left a negative effect on you.
- In casual conversation with staff or administration, ask if they would feel comfortable with their sister to receive care here. Never be accusatory, but only thought-provoking.

# Scenarios and Discussion Handout

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Read the following scenario descriptions and discuss answers to the questions.

## RMC SCENARIO DISCUSSION #1

You are a midwife who arrives for duty in the district hospital where you work. As you take over duty from the previous midwife you are told that one of the women in labor, Mrs. M, is 17 years old, G1P0, full term, reportedly in labor for 8 hours, and admitted to the hospital four hours ago. You are told that she is uncooperative and difficult to examine because she holds her legs together and cries.

You observe the 17-year-old lying on a bed in the labor area with only a sheet covering her. You know that the labor area does not have curtains between beds and you know that the midwife who is reporting to you usually takes the sheet off when examining someone and has been seen to force a woman's legs apart when she decides to do an exam. She usually communicates little with women in labor except to tell them to "be quiet" or "shut up." The other midwife leaves and you take over the care of Mrs. M. Fortunately, you see that you have only two women in labor at this time.

**What may be some of the underlying factors that account for the disrespectful behavior of the other midwife?**

**What might you do to provide respectful maternity care to Mrs. M?**

## RMC SCENARIO DISCUSSION #2

You are a midwife who began work in the labor and birth areas of the referral hospital in your city about six months ago. You have become concerned because you hear from your neighbors and others that they do not want to go to the hospital in labor because they are treated so poorly. You also observe that:

- On arrival women are given a bed number and are referred to by that number rather than their name.
- The other midwives make fun of the women, especially those who are from lower socio-economic groups.
- The women are given no privacy. Although curtains exist, they are not used. There is no attempt to drape a woman during an examination.
- Women are forced to stay in bed and lie on their backs during labor and birth.
- Women are frequently pushed and shoved if they attempt to sit up or turn over during the birth.
- Women are left alone when their midwife goes out for tea or lunch.

You are quite concerned about the abusive and disrespectful treatment that the women receive.

**What are some possible reasons for this abusive and disrespectful care?**

**How might you help promote respectful maternity care in your setting?**





# Respectful Maternity Care Standards

**Note:** These standards may be applied using the Standards-Based Management and Recognition (SBMR®) approach to performance improvement; or a list of the performance standards and verification criteria included in this tool may be used as a checklist for other approaches to improving the quality of performance.

## AREA 1: CARE DURING LABOR AND CHILD BIRTH: (7 STANDARDS)

Facility Name: \_\_\_\_\_

Date: \_\_\_\_\_

Assessor Name: \_\_\_\_\_

Assessor Signature: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Type of Assessment (please check one box)

- ☐ Baseline Assessment
- ☐ 1st Internal Assessment
- ☐ 2nd Internal Assessment
- ☐ External Assessment
- ☐ Other (please fill): \_\_\_\_\_

## PERFORMANCE STANDARDS FOR RESPECTFUL MATERNITY CARE

Facility: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor/Assessor: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N or NA			COMMENTS
		1 <sup>st</sup>		2 <sup>nd</sup>	
Instructions to the assessors: Observe standards with two patients. Use one column for each patient.					
1. The woman is protected from physical harm or ill treatment.	<ul style="list-style-type: none"><li>Never uses physical force or abusive behavior with the woman, including slapping or hitting</li></ul>				
	<ul style="list-style-type: none"><li>Never physically restrains woman</li></ul>				
	<ul style="list-style-type: none"><li>Touches or demonstrate caring in a culturally appropriate way</li></ul>				
	<ul style="list-style-type: none"><li>Never separates woman from her baby unless medically necessary</li></ul>				
	<ul style="list-style-type: none"><li>Does not deny food or fluid to women in labor unless medically necessitated</li></ul>				
	<ul style="list-style-type: none"><li>Provides comfort/pain-relief as necessary</li></ul>				
	<ul style="list-style-type: none"><li>Introduces self to woman and her companion</li></ul>				
	<ul style="list-style-type: none"><li>Encourages companion to remain with woman whenever possible</li></ul>				
2. The woman's right to information, informed consent, and choice/preferences is protected.	<ul style="list-style-type: none"><li>Encourages woman and her companion to ask questions</li></ul>				
	<ul style="list-style-type: none"><li>Responds to questions with promptness, politeness, and truthfulness</li></ul>				
	<ul style="list-style-type: none"><li>Explains what is being done and what to expect throughout labor and birth</li></ul>				
	<ul style="list-style-type: none"><li>Gives periodic updates on status and progress of labor</li></ul>				
	<ul style="list-style-type: none"><li>Allows the woman to move about during labor</li></ul>				
	<ul style="list-style-type: none"><li>Allows woman to assume position of choice during birth</li></ul>				
	<ul style="list-style-type: none"><li>Obtains consent or permission prior to any procedure</li></ul>				

Y=Yes, N=No, NA=Not Applicable

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N or NA		COMMENTS
		1 <sup>st</sup>	2 <sup>nd</sup>	
3. Confidentiality and privacy is protected.	<ul style="list-style-type: none"> <li>Observer confirms that patient files are stored in locked cabinets with limited access.</li> </ul>			
	<ul style="list-style-type: none"> <li>Uses curtains or other visual barrier to protect woman during exams, birth, procedures</li> </ul>			
	<ul style="list-style-type: none"> <li>Uses drapes or covering appropriate to protect woman's privacy</li> </ul>			
4. The woman is treated with dignity and respect.	<ul style="list-style-type: none"> <li>Speaks politely to woman and companion</li> </ul>			
	<ul style="list-style-type: none"> <li>Allows woman and her companion to observe cultural practices as much as possible</li> </ul>			
	<ul style="list-style-type: none"> <li>Never makes insults, intimidation, threats, or coerces woman or her companion</li> </ul>			
5. The woman receives equitable care, free of discrimination.	<ul style="list-style-type: none"> <li>Speaks to the woman in a language and at a language-level that she understands</li> </ul>			
	<ul style="list-style-type: none"> <li>Does not show disrespect to women based on any specific attribute</li> </ul>			
6. The woman is never left without care.	<ul style="list-style-type: none"> <li>Encourages woman to call if needed</li> </ul>			
	<ul style="list-style-type: none"> <li>Comes quickly when woman calls</li> </ul>			
	<ul style="list-style-type: none"> <li>Never leaves woman alone or unattended</li> </ul>			
7. The woman is never detained or confined against her will.	<ul style="list-style-type: none"> <li>The facility does not have a policy to detain women who do not pay.</li> </ul>			

Y=Yes, N=No, NA=Not Applicable

CONSOLIDATION RESULTS BY AREA  
AREA 1: CARE DURING LABOR AND CHILDBIRTH

STANDARD NUMBER	PERFORMANCE STANDARD	STANDARD ACHIEVED	COMMENT
		Y, N or NA	
1	The woman is protected from physical harm or ill treatment.		
2	The woman's right to information, informed consent, and choice/preferences is protected.		
3	Confidentiality and privacy is protected.		
4	The woman is treated with dignity and respect.		
5	The woman receives equitable care, free of discrimination.		
6	The woman is never left without care.		
7	The woman is never detained or confined against her will.		

Total of standards	7
Standards observed	
Standards achieved	



## Respectful Maternity Care Standards

**Note:** These standards may be applied using the Standards-Based Management and Recognition (SBMR®) approach to performance improvement; or a list of the performance standards and verification criteria included in this tool may be used as a checklist for other approaches to improving the quality of performance.

### AREA 2: CARE DURING ANTENATAL CARE AND POSTNATAL CARE (7 STANDARDS)

Facility Name: \_\_\_\_\_

Date: \_\_\_\_\_

Assessor Name: \_\_\_\_\_

Assessor Signature: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Type of Assessment (please check one box)

- ☐ Baseline Assessment
- ☐ 1<sup>st</sup> Internal Assessment
- ☐ 2<sup>nd</sup> Internal Assessment
- ☐ External Assessment
- ☐ Other (please fill): \_\_\_\_\_

## PERFORMANCE STANDARDS FOR ANTENATAL CARE AND POSTNATAL CARE

Facility: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor/Assessor: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N OR NA		COMMENTS
		1 <sup>st</sup>	2 <sup>nd</sup>	
Instructions to the assessors: Observe standards with two patients. Use one column for each patient.				
1. The woman is protected from physical harm or ill treatment.	<ul style="list-style-type: none"><li>Never uses physical force or abusive behavior with the woman, including slapping or hitting</li></ul>			
	<ul style="list-style-type: none"><li>Touches or demonstrates caring in a culturally appropriate way</li></ul>			
2. The woman's right to information, informed consent, and choice/preferences is protected.	<ul style="list-style-type: none"><li>Introduces self to woman and her companion</li></ul>			
	<ul style="list-style-type: none"><li>Encourages companion to remain with woman whenever possible</li></ul>			
	<ul style="list-style-type: none"><li>Encourages woman and her companion to ask questions</li></ul>			
	<ul style="list-style-type: none"><li>Responds to questions with promptness, politeness, and truthfulness</li></ul>			
	<ul style="list-style-type: none"><li>Explains what is being done and what to expect during the examination</li></ul>			
	<ul style="list-style-type: none"><li>Gives information on status and findings of examination</li></ul>			
	<ul style="list-style-type: none"><li>Obtains consent or permission prior to any procedure</li></ul>			
3. Confidentiality and privacy is protected.	<ul style="list-style-type: none"><li>Does not share client information with others without permission</li></ul>			
	<ul style="list-style-type: none"><li>Does not leave client records in area where they can be read by others not involved in care</li></ul>			
	<ul style="list-style-type: none"><li>Uses curtains or other visual barrier to protect woman during exams, procedures</li></ul>			
	<ul style="list-style-type: none"><li>Uses drapes or covering appropriate to protect woman's privacy</li></ul>			

Y=Yes, N=No, NA=Not Applicable

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N OR NA		COMMENTS
		1 <sup>st</sup>	2 <sup>nd</sup>	
4. The woman is treated with dignity and respect.	• Speaks politely to woman and companion			
	• Never insults, intimidation, threats, or coerces woman or her companion			
5. The woman receives equitable care, free of discrimination.	• Speaks to the woman in a language and at a language-level that she understands			
	• Does not show disrespect to women based on any specific attribute			
6. The woman is never left without care.	• Provides essential care to the woman			
7. The woman is never detained or confined against her will.	• Never detains a woman against her will			

Y=Yes, N=No, NA=Not Applicable

CONSOLIDATION RESULTS BY AREA  
AREA 2: ANTENATAL CARE AND POSTNATAL CARE

STANDARD NUMBER	PERFORMANCE STANDARD	STANDARD ACHIEVED	COMMENT
		Y, N or NA	
1	The woman is protected from physical harm or ill treatment.		
2	The woman's right to information, informed consent, and choice/preferences is protected.		
3	Confidentiality and privacy is protected.		
4	The woman is treated with dignity and respect.		
5	The woman receives equitable care, free of discrimination.		
6	The woman is never left without care.		
7	The woman is never detained or confined against her will.		

Total of standards	7
Standards observed	
Standards achieved	

# Action Plan

Keeping in mind the following questions when you develop your plan of action:

- In what areas (aspects of care) do you demonstrate RMC?
- In what areas (aspects of care) do you need to improve?
- How might you help your workplace achieve the RMC standards?

INTERVENTION	ACTIVITIES/STEPS	PERSON RESPONSIBLE	TIMEFRAME



## Post-Workshop Knowledge Assessment

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**Instructions:** Write the letter of the single **best** answer to each question in the corresponding blank.

1. Respectful Maternity Care is: \_\_\_\_\_
  - a. Is a global problem
  - b. Occurs in low, medium and high income countries
  - c. Is a violation of human rights
  - d. a) and b)
  - e. All of the above
  
2. Some examples of respectful maternity care include: \_\_\_\_\_
  - a. Speaking to the woman in her own language
  - b. Allowing woman to leave the facility even if she has not paid her bill
  - c. Protecting the woman from information about herself, her condition and her care
  - d. a) and b)
  - e. All of the above
  
3. Choice of companion during labor and birth: \_\_\_\_\_
  - a. May be a good idea, but has never been shown scientifically to improve maternal or neonatal outcomes
  - b. Is advised in birthing centers but concerns about hygiene mean it is not appropriate in busy hospitals
  - c. Is an example of respectful maternity care
  - d. a) and c)
  
4. Respectful maternity care means that: \_\_\_\_\_
  - a. Women have access to hospitals and doctors for primary care
  - b. Women are protected from information about themselves or their care when danger signs, or dangerous conditions, appear
  - c. Women are empowered to become active participants in their care
  - d. a) and b)
  - e. a) and c)
  - f. All of the above

**Instructions:** In the space provided, print a capital **T** if the statement is **true** or a capital **F** if the statement is **false**.

5. Colleagues will learn to value and provide respectful care if you consistently rebuke and punish them for not being friendly. \_\_\_\_\_
6. Respectful maternity care is lifesaving as studies have shown that women may refuse to seek care from a provider who “abuses” them or does not treat them well, even if the provider is skilled in preventing and managing complications. \_\_\_\_\_

# Post-Workshop Knowledge Assessment:

## Answer Key

---

**Instructions:** Write the letter of the single **best** answer to each question in the corresponding blank.

1. Respectful Maternity Care is:
  - a. Is a global problem
  - b. Occurs in low, medium and high income countries
  - c. Is a violation of human rights
  - d. a) and b)
  - e. All of the above**
2. Some examples of respectful maternity care include:
  - a. Speaking to the woman in her own language
  - b. Allowing woman to leave the facility even if she has not paid her bill
  - c. Protecting the woman from information about herself, her condition and her care
  - d. a) and b)
  - e. All of the above**
3. Choice of companion during labor and birth:
  - a. May be a good idea, but has never been shown scientifically to improve maternal or neonatal outcomes
  - b. Is advised in birthing centers but concerns about hygiene mean it is not appropriate in busy hospitals
  - c. Is an example of respectful maternity care**
  - d. a) and c)
4. Respectful Maternity Care means that:
  - a. Women have access to hospitals and doctors for primary care
  - b. Women are protected from information about themselves or their care when danger signs, or dangerous conditions, appear
  - c. Women are empowered to become active participants in their care
  - d. a) and b)
  - e. a) and c)
  - f. All of the above**

**Instructions:** In the space provided, print a capital **T** if the statement is **true** or a capital **F** if the statement is **false**.

5. Colleagues will learn to value and provide respectful care if you consistently rebuke and punish them for not being friendly. **F**
6. Respectful maternity care is lifesaving as studies have shown that women may refuse to seek care from a provider who “abuses” them or does not treat them well, even if the provider is skilled in preventing and managing complications. **T**