

Respectful Maternity Care

There have been pathbreaking advancements in our specialty over the past 40 years, especially in infertility and minimally invasive surgery. Another significant change has been a reduction in maternal mortality worldwide to the extent around 35% (WHO) in the past two decades. However, in the developing world, there are some aspects of the care that we give our patients that are inadequate and should be looked into.

In the third world countries all efforts are being made to institutionalize deliveries so that we can give them better medical care and reduce maternal mortality. However, it has been found that the actual care that we give these patients is far below the level that is necessary.

It must be remembered that childbirth is a very crucial period during a woman's life. Not only does she require physical care, medical care but also emotional care.

It has been found by several authorities that the care that we administer to these patients does not take into account their emotional and physical needs.

Respectful maternity care is a well-described necessity—it advocates a humane rational approach for improving intrapartum and postpartum care that we give in our institutions. A clear measurement method or evidence of effectiveness is not possible, but several aspects have been spelt out.

The concept of respectful maternity care began with declaration of human rights in 1948. Since then, there have been declarations of elimination of violence against women in 2011, the respectful maternity care charter based on international human rights was adopted. These rights of women give them the right to freedom from harm and ill treatment, the right to information and informed consent, right to privacy and confidentiality, the right to be treated with dignity and respect and the right to freedom from discrimination and equitable care. In an international report for the US agency, international development, Kathleen Hill and Diana Bowser have stated that there is an overwhelming presence of poor maternal care especially in facility-based institutions. There is evidence of disrespect and abuse and fear of physical and emotional trauma, inflicted by healthcare professionals.

In India, a woman experiences at least one instance of ill treatment during her confinement and the pooled prevalence of disrespect and abuse was estimated to be more than 70%. Mistreatment could vary from lack of privacy, cleanliness and confidentiality to poor communication. No consent is being taken for maternity healthcare procedures, such as an ARM, lack of courtesy and poor interpersonal skills, there may also be a lack of ethics and integrity. Patients may be abused and disrespected by care providers which may be verbal or even physical.

What has the government of India done to reduce the maternal mortality and infant mortality rates? The Government promoted institutional deliveries by giving cost-effective, skilled healthcare programs. As a result, in the last two decades, almost 85% of all deliveries take place in institutions. However, it is now up to us to improve the quality of care, to be able to look after these patients, more compassionately and with respect.

What are the factors in India and South Asia which contribute to disrespect and abuse of women? Firstly, low maternal social economic status and lack of education, poor empowerment of women, and ethnicity are also key determinants.

There is lack of support from the community, inadequate service providers and poor standards of service, prejudice and treatment and care of women.

Lack of national policies regarding respect during labor and poor enforcement and redressal mechanisms also exist in the South Asia region.

The South Asian countries all have a similar social environment. But what we are concerned about is that besides violating women's rights, it presents a barrier to assessing intrapartum care services.

It is in these regions that women from vulnerable, socially disadvantaged and economically poor backgrounds are more likely to suffer from abuse and receive poor care. There is an urgent need for a well-resourced commitment to mandate and support the provision of respectful and equitable maternity care.

How does one go about it? One can speak about this on platforms which health workers, paramedics, doctors, and nurses are exposed to. However, a more extensive intervention study will be crucial to address the issue. WHO is emerging as an essential crusader ensuring the rights and safety of women during labor. This specifies that labor and childhood should be individualized and women centric—no intervention without a clear medical indication and a positive childbirth with good experience for the woman and the newborn. The family should be at the forefront of looking after laboring woman and child at all times, the patient should also be accompanied by a companion who takes care of her without having to always resort to the nurses and other staff.

Pain relief should be administered and IV fluids, if necessary, should be regulated and an adoption of mobility and a comfortable breathing position should be explained, staff should be sensitive, caring, kind, and skilled. So, overall, it should be a clinically and psychologically safe environment. An effective communication and care during all the stages of labor, including 24 hours postnatally should be there.

We are various stakeholders in administering respectful maternity care—healthcare providers, professional organizations, women advocate, and even the community and families are involved.



In India, there are many programs implemented and we have the government-launched LaQshya guidelines in 2017, WHO positive child movement in 2018 and international child initiative 2019. FIGO has also emphasized on respectful maternity care.

The notion that patients' suffering is not exclusively caused by incompetent health workers but is related to systemic health issues is wrong. This mindset must change, and high level of respectful maternity care and labor is a need of the hour.

The South Asia Federation in the coming years intends to make it a point to pick up the challenge and globalize this concept— Respectful and quality-driven healthcare is what we will advocate.

Shyam Desai

Consultant

Obstetrician and Gynecologist

Mother Care Nursing Home, Khar, Maharashtra, India