Respectful Maternity Care

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Promoting Respectful Maternity Care

While respectful maternity care (RMC) has become a global priority, one third of women still experience disrespect and abuse during labor and delivery and effective solutions to promote RMC are limited.

In close collaboration with midwives, laboring women, programmers, and policymakers in Zambia we developed a package of evidence-based, low-cost solutions using behavioral design. Findings from a pilot test showed a decrease in disrespect and abuse and an increase in pain management support as a result.
How to Use This Guide

This tool guides you through the how-to of the solutions so you can see if you may want to adapt and implement these solutions in your own setting.

1. Learn more about the 4 different solutions that were tested
2. Consider how these could be useful for your programming
3. Download the actual files of the solutions for implementation
4. Read more about the formative research or pilot test results
Tested Solutions

Provider–Client Promise
A list of promises read out loud to clients upon admission and then signed.

Pain Management Toolkit
A range of cues and tools placed throughout the ward to continuously prompt supportive care.

Feedback Box
A box in the ward where women drop tokens into the slot which captures her birth experience.

Reflection Workshop
A safe space for providers to build motivation and a commitment to improve client care.
Providers and clients must work as equal partners to guarantee a safe and positive birth experience. Clients should also be informed of the care they should expect during childbirth.

Even when providers are trained in RMC or an RMC charter exists, these moments are disconnected from the childbirths a provider attends.

The provider-client promise creates a space for commitment to respectful care with each client at the moment that most matters.

“I thought it [Provider-Client Promise] was a good thing because everything that is written in the provider-client promise was going to be followed by the provider.”

—CLIENT

“It has changed our mindset that when those people are there, they depend on us and we are also there for them because of that consent form we sign.”

—PROVIDER
How the Provider-Client Promise Works

1. Provider reads the promise with each client upon arrival.
   - Reinforces the commitment to RMC right before care is provided.

2. Provider and client each affirm the same number of promises.
   - Sets groundwork for equal partnership and teamwork during care.

3. Provider promises out loud to not mistreat client.
   - Reassures clients and sets clear boundaries for providers.

4. Provider and client sign, or thumbprint sign, and store in file.
   - Solidifies the commitment to uphold promises.

5. Poster of promise is hung on the clinic wall.
   - Constant reminder to provider of promises made.
Considerations for Adaptation and Implementation

• Specific promises should be adapted to each setting in consultation with midwives and clients and in the local language.

• Introduce the promise to clients during antenatal care or in the community so they are familiar with its content.

• Ensure that every provider attending the birth signs with the client.

• The promise should be enacted upon admission but in some cases, may need to be applied with a slight delay.

• Reflection with providers on the promises and the spirit of the document can facilitate buy-in and consistent application.
Labor is painful and challenging, and clients deserve encouragement and pain management support, even when medical options are not available. When a client is ignored during her moments of pain, she may have little reason to believe the provider is concerned for her.

Providers often focus on clinical interventions to ensure a safe delivery, rather than provision of supportive care.

The BETTER Pain Management Toolkit reshapes how providers perceive routine clinical care by incorporating pain management support as a critical component. Frequent and multi-faceted cues prompt providers to give supportive care and, in turn, feel greater empathy with clients. Pain management support directly impacts a client’s childbirth experience.

“Before the orientation I would just tell the client to do breathing exercises that when she does breathing exercises and has enough oxygen, the pain will reduce, but after orientation if the client can’t manage to do breathing exercises and has back pain I can use the ball to rub her back. So now we have a number of pain management techniques we are using to relieve the clients’ pain.” —PROVIDER

“I loved the way they treated me and the use of a ball to rub my back, the way they used to talk to me when in pain, and the way they encouraged me.” —CLIENT
How the BETTER Pain Management Toolkit Works

1. Provider is given a BETTER pain management manual.
   - Reframes pain management techniques as clinical tasks and provides an instructive resource.

2. Provider uses massage ball to alleviate client’s pain.
   - Provides a tactile reminder of pain management and a useful tool which clients value.

3. Provider refers to the BETTER partograph guide.
   - Reinforces connections between pain management and routine care and suggests moments of its provision.

4. BETTER Pain management poster hung by delivery bed.
   - Reminds providers of techniques they can use at the moment when they should provide them.

5. Client sees poster and requests pain management support.
   - Sets expectation that client should receive support and can ask for it.
Considerations for Adaptation and Implementation

- It is important to use the different tools of the toolkit since the repeated exposure to these cues is what will ultimately shift provider behavior.

- Techniques can be adapted to each setting in consultation with clients and midwives and tools could be incorporated into midwifery curriculum.

- Role playing the techniques with the providers can be an effective way to make sure all techniques are clear.

- Find a way for providers to easily sanitize the ball after each patient.

- The BETTER toolkit works in tandem with the provider-client promise which outlines the expectation for pain management support.
Client experience should be considered of utmost importance to everyone in the facility.

While common in many settings, suggestion boxes are often underutilized. Most suggestion boxes require a client to write her comment which requires literacy, and they are often inconveniently located which introduces a hassle to use them. Only the happiest or most dissatisfied clients will likely use them.

The feedback box encourages client input by providing a token to every woman upon discharge. The box is conveniently located in the delivery ward and uses images to convey satisfaction levels to allow all women, regardless of literacy, to participate.

“I felt good because I let them know [how] satisfied I am and the providers will feel good and continue with their good work. If the feedback is good, the providers will continue with their work and if it is bad, they will change the way they work.” —CLIENT

“[F]or example we are having unsatisfied clients, it will help us look into the matter and see where we are having the problem. If the clients are very satisfied and we have a lot of tokens then we know that we are doing our job and clients are appreciating ...we try to talk among ourselves and try to solve the issue so that all the mothers can go home happy...” —PROVIDER
How the Feedback Box Works

1. Feedback box is placed in the labor and delivery ward in a place that is not visible to providers.

   Provides a convenient and private outlet for clients to assess their satisfaction.

2. Client is given a token at discharge and asked to drop it in the slot showing her satisfaction level.

   Makes providing feedback the default option and one which is simple for all to use.

3. Supervisors unlock the box and review client feedback regularly.

   Highlights the importance of client experience and provides the means to capture it quickly.

4. Team discusses feedback and plans improvement or further inquiry to understand client satisfaction levels.

   Encourages teams to discuss solutions to improve care and motivates providers with positive feedback when it is received.
Considerations for Adaptation and Implementation

- Identify a location in the facility that allows for women to participate privately but is not inconvenient to access.
- Inform clients of the feedback box during ANC or in the community so they are sensitized to its use and purpose.
- Determine who will have the key to the box at each facility and with what frequency the results of the box will be reviewed.
- District officials or partners can join facility review meetings to ensure feedback is used and supports proposed improvement efforts.
Reflection Workshop
Seeing problems and motivating change

Group norms are powerful and must be addressed to sustain change.

Didactic approaches to teaching RMC are likely to fall short. Workshops that encourage reflection but do not include commitment or actionable steps, will end in discussion rather than change.

The reflection workshop relies on engaging games and role-playing scenarios to generate reflection and build provider empathy. Providers share guidance, discuss facility change and solidify their commitment through a goal-setting exercise.

“We learnt a lot. One of the things was the care we give to our clients, the attitude that we have, what is it that we can do so that we help our clients to manage pain and also our behavior towards our patients and how we should be sympathetic with our clients so that we are able to give the good care to our clients.”

—PROVIDER
How the Reflection Workshop Works

1. Providers discuss their experience providing client care and share best practices. Provides safe space for reflection on the current state of care.


3. Providers are introduced to other RMC solutions and simulate their use. Frames other solutions as tools to change the state of care and ensures provider comprehension.

4. Providers sign a commitment pledge with concrete plans to provide respectful care and receive a pin. Instills a commitment to change, next steps to pursue, and a reminder of this intention.
Considerations for Adaptation and Implementation

• The workshop facilitator should be someone who can create a safe environment for providers to discuss difficult topics.

• Each facility with multiple providers should organize their own workshop to examine and discuss their facility norms and generate a jointly held commitment to change.

• Workshop flow is important: first instill intention to change behavior; introduce solutions to support that intention; and conclude by solidifying the intention in a plan.

• Consider how commitments could be revisited in routine facility meetings to assess progress.

• Develop a process for orienting providers who do not participate in the reflection work. The supplementary guidance, included in linked materials, can be used to achieve this objective.
Additional Resources

LEARN MORE:

- **Piloting Respectful Care Solutions**
  Results from the pilot evaluation

- **Barriers to the Provision of Respectful Maternity Care**
  Formative research on behavioral barriers to RMC

- **Enhancing Respectful Care**
  Summary brief on formative research and solutions

- **Provider Provision of Respectful Maternity Care**
  Learnings from implementation

Image courtesy of Francesca Noemi Marconi
All women deserve to give birth free of mistreatment. Take action now.

For more information about our tested solutions for Respectful Maternity Care, contact the ideas42 Global Health Team at gh@ideas42.org

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