



Approaching Implementation of Respectful Maternity Care in Humanitarian Settings

IAWG Maternal and Newborn Health Sub-working Group | March 2022

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Inter-Agency Working Group on
Reproductive Health in Crises

WHAT IS RESPECTFUL MATERNITY CARE?

Every woman and every newborn, everywhere, has a right to respectful quality care.

Respectful maternity care (RMC) is a [term that's emerged from both regional and global maternal and newborn health \(MNH\) movements](#). [RMC includes humanizing childbirth and overcoming obstetric violence](#), is rooted in human rights, and relates to the provision and experience of [high quality maternal and newborn health \(MNH\) care](#).

The [RMC Charter](#) (Box 1) represents a global vision that articulates the legal and human rights that women and newborns are entitled to. It describes 10 universal rights of women and newborns during facility-births that promote safety, dignity, privacy, consent, non-discrimination, and access to essential information and maternal and newborn interventions during the intrapartum and postnatal periods. The charter was developed and first launched in 2011 by the Global RMC Advisory Council, whose members included practitioners, advocates, and researchers. The charter was revised in 2019 to include the rights of the woman and newborn dyad. The RMC charter brought together public health, legal, and academic sectors for the first time in MNH, and served as an integral step in motivating interdisciplinary collaboration to enhance quality women-centered care.

Box 1: Respectful Maternity Care Charter: The Universal Rights of Women and Newborns

1. Everyone has the right to freedom from harm and ill-treatment.
2. Everyone has the right to information, informed consent, and respect for their choices and preferences, including companion of choice during maternity care and refusal of medical procedures.
3. Everyone has the right to privacy and confidentiality.
4. Everyone is their own person from the moment of birth and has the right to be treated with dignity and respect.
5. Everyone has the right to equality, freedom from discrimination, and equitable care.
6. Everyone has the right to healthcare and to the highest attainable level of health.
7. Everyone has the right to liberty, autonomy, self-determination, and freedom from arbitrary detention.
8. Every child has the right to be with their parents or guardians.
9. Every child has the right to an identity and nationality from birth.
10. Everyone has the right to adequate nutrition and clean water.

In 2019, [White Ribbon Alliance](#) started a global campaign aiming to capture the voices and demands of women themselves. The campaign ultimately documented the responses of over 1 million women. The [What Women Want campaign](#) draws on what RMC means to women and shows that women want provider teams to respect their perspectives, to not discriminate, and to both demonstrate and improve accountability (Box 2).

Box 2: Women's Voices on RMC from What Women Want Campaign

"I want to be treated with care regardless of my financial status." -24 years old, Nigeria

"I demand that health systems frown at health workers slapping and insulting me during labor."
-22 years old, Pakistan

"I want the government to advocate for human rights to avoid the mistreatment of pregnant mothers." -26 years old, Uganda

IS LACK OF RESPECTFUL MATERNITY CARE A CONCERN IN HUMANITARIAN SETTINGS?

Greater than [one third of women experience mistreatment](#) during facility-based childbirth. [Several categories of mistreatment are recognized by World Health Organization \(WHO\)](#): physical abuse, sexual abuse, verbal abuse, stigma and discrimination, failure to meet professional standards of care, poor rapport between women and providers, and health system conditions and constraints.

Stressors from a humanitarian setting affect and exacerbate issues across the health system, impacting women and girls, health care providers, and health administrators. In humanitarian settings, [MNH services are often interrupted or strained](#) because of health infrastructure destruction, access constraints, reduced quality management, and [attacks on service providers](#). Given the highly [stressful environment](#), [access to RMC is subsequently challenged](#), and [inequitable](#). A [Report on Accountability for Women’s, Children’s and Adolescent’s Health in Humanitarian Settings](#) showed that mistreatment in these contexts may include: a lack of information about MNH services for both pregnant women and providers, lack of privacy within facilities, challenges with receiving informed consent from women for medical interventions and procedures due to language and cultural barriers, and denied or delayed care.

Mistreatment can stem from various areas, including but not limited to provider burnout, biases, and relational tensions between populations seeking care and health workers, both foreign and local. Evidence also shows that some women delay seeking care, or avoid care entirely because of [social fears stemming from negative stigma](#) or negative [perceptions of their situation](#).

WHAT ARE STRATEGIES FOR PUTTING RESPECTFUL MATERNITY CARE PRINCIPLES INTO PRACTICE IN HUMANITARIAN SETTINGS?

While addressing mistreatment of women during facility-based childbirth is globally recognized as critical, and there is a [growing body of evidence](#) on mistreatment and RMC in stable settings, there has been less investigation and understanding of how to implement RMC in humanitarian contexts. Unlike funding for development programs where RMC interventions can be built into long-term project plans, humanitarian emergency response funding is shorter term and frequently focused on lifesaving interventions and services. In humanitarian settings, funding for multi-year MNH quality improvement and implementation research initiatives is less common.

Lessons learned from [operationalizing](#) RMC interventions in stable settings show that the first step is to [create a shared awareness amongst varied actors](#) by [exploring the RMC issues and plausible solutions](#) that seem most fit-for-purpose or applicable to the context. A participatory approach to identifying a combination of these interventions is recommended. Interventions should consider targeting three levels: communities and women; health care providers – midwives, clinical support staff, doctors/consultants; and health systems – governance, infrastructure and commodities, human resource policies and management, and adaptive learning.

The following table details interventions implemented in stable settings that MNH providers and program managers in crisis-affected settings have identified as promising strategies for humanitarian settings*:

RMC INTERVENTIONS IMPLEMENTED IN SETTINGS NOT AFFECTED BY HUMANITARIAN CRISES	CONSIDERATIONS FOR IMPLEMENTATION IN HUMANITARIAN SETTINGS	EXAMPLES AND RESOURCE LINKS
Communities and Women		
Provide Birth companions or obstetric care navigators to support women throughout their pregnancy and childbirth so their choices are respected, and needs met.	This has varied levels of possibility because of restrictive facility permissions around birth companions (male or female) allowed into a delivery room.	<ul style="list-style-type: none"> • Birth companionship at government hospitals in Tanzania • Obstetric care navigators for indigenous women in Guatemala
Hold “Open Days” to familiarize women with health facility settings in which they aim to give birth.	In settings with unpredictable access to facilities, consider a less formal mechanism for women to come to their birthing facility and discuss issues with the staff. This could be linked to ANC visits.	<ul style="list-style-type: none"> • “Open Birth Days” in Tanzania • “Maternity Open Days” in Kenya: Bringing communities together to promote maternal health • GOAL with Irish Aid working to Reduce Teenage Pregnancy in Sierra Leone

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Communities and Women		
<p>Maternity waiting homes in order to provide places to stay before and immediately after women give birth.</p> <p>Note: Maternity waiting homes are typically seen as an intervention used to promote facility delivery (not as an RMC intervention).</p>	<p>Maternity waiting homes for women and companions to stay at prior to and immediately following birth – are helpful in insecure contexts.</p>	<ul style="list-style-type: none"> • In Mexico, these are established alongside health facilities for both expectant mothers, family members and/or birth companions.
<p>Raising awareness of RMC rights among communities through socialization of the RMC Charter, community dialogue, or pregnancy groups.</p> <p>Note: Awareness raising strategies are closely related to the accountability enhancing approaches under health systems interventions.</p>	<p>Local-language or pictorial representation of the RMC charter can be helpful when working with non-literate women.</p> <p>Try to engage youth in designing awareness raising strategies, especially those that target young women and girls, particularly in settings with high rates of early marriage and adolescent pregnancy.</p>	<ul style="list-style-type: none"> • What's Behind Disrespectful Maternity Care Video (Yemen, Syria) • Pictorial RMC Charter (Afghanistan) • Hosting a 'mothers nights': invite mothers and pregnant women to an event hosted by policymakers, politicians, or other government officials to tell their personal stories with the goal of advocating for RMC. (Afghanistan)
Healthcare Providers		
<p>Integration of RMC in pre-service (undergraduate, graduate, postgraduate) and in-service training for healthcare providers.</p> <p>RMC training for healthcare providers, health administrators, and supervisors– Key topics to cover include understanding patient rights and how to uphold them in a particular context, values clarification and attitude transformation (VCAT) exercises.</p>	<p>RMC training must incorporate cultural competency given diversity of women and girls seeking services – including host communities, refugees, internally displaced persons, young mothers, ethnic groups, socioeconomic status, and other vulnerable groups. Each group may have varied understandings of respectful communication and behavior.</p> <p>It is recommended to use print and audio-video presentations as a part of training providers.</p>	<ul style="list-style-type: none"> • Lessons learned through RMC training and implementation in Ethiopia • Respectful Maternity Care Resource Package • IAWG S-CORT trainings which include RMC guidance and content • Afghan Midwives Association recorded videos for each right in the RMC Charter and published the videos on their Facebook page for member viewership • Include RMC as a topic in graduate public health curricula and postgraduate diploma as a way of normalizing its importance (e.g. Yemen) • Utilize the power of social media in promoting RMC by choosing one day a year as a dedicated day for RMC dialogue, conversation, trainings, on social media
<p>On-going support for providers: Caring for the Carers, supportive supervision strategies, and modeling kind/compassionate care.</p>	<p>This was successful with colleagues in Afghanistan who rewarded champions' kind and compassionate care.</p> <p>Psychosocial support is a priority need for providers working in contexts of various shocks and stresses, including insecurity and violence.</p>	<ul style="list-style-type: none"> • Promoting RMC Resource Package: Debriefing sessions – caring for the carers • Caring for the carers: ensuring the provision of quality maternity care during a global pandemic • WHO Psychological First Aid Guide for Field Workers • mhGAP Intervention Guide for Humanitarian Settings
Health Systems		
<p>Facility improvements to infrastructure or process changes that promote RMC.</p>	<p>Infrastructure and process can pose constraints in humanitarian settings, though the most challenging gap raised was supply chain interruptions that affect facility capacity.</p> <p>Work to improve waiting rooms and facility architecture, introduce screens or privacy curtains, get informed consent for medical procedures, enhance WASH, and better manage equipment, drugs, and supplies.</p> <p>Use more windows so that mothers can watch their babies when not together.</p> <p>Put incentive mechanisms in place to support deployment of midwives to remote and rural areas that promote autonomous, evidence based, and midwife-led RMC.</p>	<ul style="list-style-type: none"> • In Cox's Bazar, RTI International utilizes Women Centers to address women's general and maternal health, gender-based violence (GBV) prevention, and MHPSS in an integrated way. This is an example of a process change that promotes RMC, and maternal mental health. • In Ethiopia, evidence proved that improving facility infrastructure, and availing supplies led to enhanced respectful maternal care. • Establishing policies and governance to ensure that training, staffing, supervision and monitoring, supplies, equipment, and infrastructure are addressed in facilities to support the provision of RMC.


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Health Systems		
<p>Advocacy for integration of RMC in national health policies and facility-level policies and procedures as well as standardized indicators for RMC across all levels.</p>	<p>Multi-level advocacy and application of RMC charter is needed. One suggestion is to post local-language or pictorial RMC charter representations in facilities.</p> <p>When advocating, emphasize RMC in Inter-agency Field Manual (IAFM), disseminate charter as part of Minimum Initial Service Package (MISP) training, integrate RMC in humanitarian MNH trainings.</p>	<ul style="list-style-type: none"> • White Ribbon Alliance has print-ready versions of the RMC Charter in various languages. • There is currently no globally recognized core outcome set related to respectful care or mistreatment but there are some successful qualitative and quantitative mechanisms to measure RMC.
<p>Social accountability approaches can increase transparency and user participation in quality improvement of facilities.</p>	<p>This is helpful in setting expectations for respectful and family-centered care, including non-separation of the mother-baby dyad.</p> <p>The application of “user committees” by a General Social Security System in Health, where a group of women of similar reproductive age, within a particular local/sociocultural context convene and discuss expectations and models of care that give them the security and confidence. These expectations formed the basis for developing responsive community-relevant maternity care programming in Colombia.</p>	<ul style="list-style-type: none"> • Partnership-defined quality model • Community scorecards in the Democratic Republic of Congo • Kuja Kuja is a digital customer feedback platform that humanitarian agencies and organizations can use to improve social accountability with clients.

**Considerations were identified by 20 maternal and newborn health care providers and program managers that participated in an IAWG technical consultation held in November 2021. The twenty participants either currently work or have worked in a range of fragile and conflict-affected settings in Afghanistan, Bangladesh, Colombia, Mexico, Myanmar, Niger, Nigeria, Uganda, South Sudan, Yemen, and Syria. In a few cases, considerations were supplemented by a technical consultation held in 2018 among research, programmatic and advocacy actors across humanitarian and development agencies.*

When feasible, we recommend implementers draw on and budget for select RMC interventions in their specific context. In some settings, a birth companion may be appropriate, while in others a safe space (waiting rooms, areas, houses) for women and/or family members to stay suffices. In multi-sectoral responses, local partners can be leveraged to socialize the RMC charter and build awareness of women’s rights as well as communicate differences in understandings of respect to healthcare providers and managers.

ADDITIONAL STRATEGIES FOR INTEGRATING RMC IN HUMANITARIAN PROGRAMMING

In addition to the table above, there are a number of opportunities for governments and key local and international partners (including humanitarian and development actors) to selectively incorporate known RMC interventions into emergency response programming in humanitarian and/or fragile settings. The examples below are actions that can be taken by program staff in contexts with limited resources, timing and/or funding to develop comprehensive, multi-year, RMC interventions.

-  **RMC as a strategy for improving [access and utilization of quality health services](#)**

Participants in 2018 and 2021 [Inter-agency Working Group on Reproductive Crises \(IAWG\)](#) consultations on RMC unanimously agreed that in order to ensure every mother and newborn receives respectful care, more action is needed, starting with assessing a basic understanding of RMC gaps and opportunities during the implementation phase of a humanitarian response. RMC strategies that address quality of the health system environment and provider support overlap with provider behavior change approaches. For example, to prevent an adversarial environment from emerging if providers are accused of ‘not being respectful,’ a provider behavior change approach can take the form of discussions that elicit providers’ points of view, raise service provision challenges, and work through implicit biases or stressors faced in a particular setting.

RMC as a women-centered empowerment approach

RMC aligns with and can be integrated into women-centered care as it emphasizes and applies feminist principles to program design, service delivery, and health systems strengthening. Women and girls must be engaged in a meaningful way throughout the project cycle. This will lead to gender transformative outcomes. For example, the November 2021 RMC consultation suggested the importance of upholding preferences of women with regards to the sex of health provider (variable by context). Every provider should be informed of the RMC charter and the rights within, possible with the help of a pictorial aid, that can be used by facility and community-based health workers, and feel confident in advocating for those rights. RMC within a women-centered approach promotes increasing provider capacity to listen to and address diverse sub-group needs – including host communities, refugees, internally displaced persons, varied ethnic groups, and young mothers, among others.

RMC as an approach to protection mainstreaming

RMC and protection mainstreaming share common principles: prioritizing safety and dignity and avoiding harm, meaningful access to services, accountability, participation, and empowerment. Any and all disrespectful maternity care is an infringement on the fundamental human rights of women and girls. Mistreatment during pregnancy and childbirth, described as “obstetric violence” in some settings, can also be framed as a form of gender-based violence. Collaborating with protection colleagues will ensure RMC is integrated in protection mainstreaming guidance for health sector programs, raise awareness of rights to RMC, and establish mechanisms for reporting rights violations can help elevate attention to RMC.

RMC and accountability for affected populations

Ensuring that the needs and capacities of pregnant women and girls are considered at all stages of humanitarian response planning and implementation is critical for both RMC and broader humanitarian health sector accountability to affected populations. Consultations organized with communities to identify common health practices, inform health response activities, or evaluate satisfaction with services should include questions about expectations and experiences of maternity care. Channels to provide feedback and complaints can be leveraged or replicated as mechanisms to provide feedback on maternity care. Exploring the awareness and application of the RMC Charter can be part of situation analyses at policy, sub-national, facility, and program levels.



Photo: IPPF

WAYS FORWARD/NEXT STEPS

This brief provides entry points for addressing RMC in humanitarian contexts. However, like all humanitarian action, intervention strategies must be tailored to the phase of emergency and local context. We encourage humanitarian agencies to conduct a review of their services for RMC – noting gaps and areas for improvement, select at least one RMC intervention to integrate into their response strategy, evaluate the intervention – in partnership with research partners as needed, and share learning.

While RMC is being incorporated in some humanitarian and fragile settings, more evidence around the implementation and effectiveness of these interventions for diverse populations including host communities, refugees, internally displaced persons, young mothers, and other vulnerable groups is needed. Conducting implementation research would help to better understand the feasibility and effectiveness of integrating RMC-promoting program/interventions into humanitarian health programs. The [IAWG Maternal and Newborn Health Sub working Group](#) is committed to learning, continuing dissemination of successful evidence-based RMC interventions, and expanding the knowledgebase to promote high quality of care for women and newborns in crisis. Please contact the IAWG Maternal and Newborn Health Sub working Group (bornintocrisis@gmail.com) to connect with other organizations working to improve RMC in humanitarian settings, and share your experiences.

To Learn More

- [Respectful Maternity Care Resources - White Ribbon Alliance](#)
- [Moving Respectful Maternity Care into Practice in Comprehensive MCSP Maternal and Newborn Programs](#)
- [RMC in Humanitarian Settings Consultation for Change \(June 10-11, 2018\)](#)
- [IAWG Maternal and Newborn Health Sub working Group](#)

This brief was prepared by the Respectful Maternity Care Task Team of the [IAWG Maternal and Newborn Health Sub working Group](#). We continue to promote RMC as an important aspect of Maternal and Newborn Health in humanitarian settings and encourage further recommendations, suggestions, and comments. Please email Pooja Sripad (psripad@popcouncil.org) for more information.

LINKED RESOURCES

Journal Articles

- Bashour H, Kharouf M, DeJong J. Childbirth Experiences and Delivery Care During Times of War: Testimonies of Syrian Women and Doctors. *Frontiers in Global Women's Health*. 2021;2. <https://www.frontiersin.org/article/10.3389/fgwh.2021.605634>
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Training Resources

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- IAWG Training Partnership Initiative. SRH Clinical Outreach Refresher Trainings for Crisis Settings (S-CORTs). 2021. Available at: <https://iawg.net/resources/srh-clinical-outreach-refresher-trainings-for-crisis-settings>
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Tools and Guidance

- IAWG. Inter-agency Field Manual on Reproductive Health in Humanitarian Settings. 2018. Available at: <https://iawgfieldmanual.com/manual>
- Maternal Health Task Force. Respectful Maternity Care. Available at: <https://www.mhtf.org/topics/respectful-maternity-care/>
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Programmatic Examples

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Programmatic Examples Continued

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Other

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