



Best Practice on Respectful Maternity Care

Ethiopian Midwives Association

“Midwives Leading the way with quality care”

June 2018
Addis Ababa, Ethiopia

Acknowledgement

The program implementation and documentation of this best practice was possible by the generous financial support of the United Nation Population Fund (UNFPA). The Ethiopian Midwives Association (EMwA) would like to extend its appreciation to UNFPA for its support. EMwA is also thankful to Regional Health Bureau (RHB) in implementation areas, EMwA chapter office representatives and health center directors for their unreserved support throughout the life of the program.

Table of Contents

Acknowledgement	1
1. Introduction	4
1.1 Background	4
1.2 Purpose of documenting the best practice	6
2. Methodologies used for Best practice Documentation	7
3. Implementation of RMC	7
4. Results	8
5. Challenges to RMC Service	14
6. Conclusion and Recommendation	14

Acronyms

ANC	Antenatal Care
CRC	Compassionate, Respectful and Caring
EMwA	Ethiopian Midwives Association
HC	Health Center
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
RHB	Regional Health Bureau
RMC	Respectful Maternity Care
SBM-R	Standards-Based Management and Recognition
SNNPR	Southern Nation Nationalities and Peoples
UNFPA	United Nation Population Fund
WRA	White Ribbon Alliance

1. Introduction

1.1 Background

The Ethiopian Midwives Association (EMwA) has long been collaborating with the United Nation Population Fund (UNFPA) in maternal and neonatal health improvement endeavors and Midwifery education. The collaboration has brought tangible improvements in midwifery service and education.

EMwA is a legally registered professional association established in 1992 and has been a member of the International Confederation of Midwives (ICM) since 1993. It is the only professional Association representing Ethiopian Midwives in the country. Currently it has eleven chapter offices in all regional states of Ethiopia and embraces more than 5500 members located throughout the nation.

EMwA has developed a strategy plan for the period 2016-2020 which sets the stage for the Association. The strategic plan aligns with the Health Sector Transformation Plan of Ministry of Health (HSTP: 2016-2020). There are four strategic directions that guide the strategic plan execution and these include: 1) Capacity Building, 2) Partnership and Networking, 3) Advocacy and Representation and 4) Research and Publication. The primary goal of the Association is to contribute towards the reduction of maternal, neonatal, and child morbidity and mortality, and improve quality of reproductive health services at the grassroots level in Ethiopia. Its mission is to promote and enhance the expansion, performance and status of midwifery profession through adopting quality and evidence based practices; adhering to the code of ethics and empowering the professionals.

To realize its mission the association has been implementing various programs and projects both in pre-service and in-service areas with the support of different development partners over the last decades. UNFPA is one of the major partners which has been supporting and working with EMwA since its establishment. One of the areas where UNFPA is supporting is strengthening Respectful Maternity Care (RMC) program in Oromia, Tigray, Amhara and Southern Nation Nationalities and Peoples Regional States.

The White Ribbon Alliance (WRA) defines respectful maternity Care as an approach that emphasizes the positive interpersonal interactions of women with health care providers and staff during antenatal care (ANC), labor, delivery, and the postpartum period. The RMC definition calls for fostering positive staff attitudes and behaviors that are conducive to improved satisfaction of women with their birth experience.

Evidences showed that disrespect and abuse in childbirth has extreme impact on delivering quality of service. Disrespect and abuse is a global problem that exists everywhere irrespective their wealth and geographic location.

The government of Ethiopia in its health sector transformation plan, which extends from 2016-2020, has clearly prioritized four strategic agendas¹ (Transformation in equity and quality of health care, Information revolution, Woreda transformation, Caring, Respectful and Compassionate (CRC) health workforce) that are being implemented across the nation. In an attempt to provide quality maternal and neonatal health service, the Ministry of Health of Ethiopia besides availing infrastructure and medical utilities in place has planned to impact on the health professionals approach to patients. Production of CRC health professionals has been opted to be on high of the agenda of the country's health sector transformation plan.

To overcome this challenge in our context, the Ministry of Health (MOH), RHB, EMwA and UNFPA have been working on RMC implementation to contribute towards the country's transformation agenda of availing CRC health professionals in the maternal and neonatal section. Non respectful maternity care is expressed in terms of disrespect and abuse of women which comprises of seven categories that are typically a violation of human rights of women.²

¹ Health Sector Transformation Plan of Ethiopia

² White Ribbon Alliance

Table 1 Category of disrespect and abuse and their corresponding rights provision.³

S.N	Category of Disrespect and Abuse	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 specific attributes	Equality, freedom from discrimination, equitable care
6.	Abandonment or denial of care	Right to timely health care and to the highest attainable level of health
7.	Detention in facilities	Liberty, autonomy, self-determination, and freedom from coercion

1.2 Purpose of documenting the best practice

Respectful maternity care is one key element of the quality of care that women receive during the continuum of maternity care. Women’s perceptions of the quality of maternity care affect their decision to seek care. Delays in seeking care for obstetric complications contribute to maternal deaths. Disrespect and abuse contribute to first and third delays (delay in seeking care and delay in receiving adequate and appropriate care respectively). The MOH has developed CRC in-service training guidelines and started its implementation across the country. RMC is one component of CRC.

The aim of producing this best practice document is to learn how the program implementation contributes in reducing disrespect and abuse at selected health centers of MNH unit through supporting the production of CRC health professionals in the maternal and neonatal section. Because this program is confined to few health centers and health professionals and putting the national agenda of RMC into account, there is a need to intensify and scale up the program having

³ White Ribbon Alliance

the successes of the current intervention in mind. It is also believed that the documentation will assist the ministry and development partners whose work is in connection with maternal health services to enhance implementation of CRC programs and to revise the best strategies in Ethiopia and elsewhere.

2. Methodologies used for Best practice Documentation

Amhara, Oromia, SNNPR and Tigray regional states were selected for RMC program implementation in which five health centers from each region were targeted. For this best practice documentation, in-depth interview, document review and observation were employed and also we compared RMC performance standards before and after RMC implementation.

Status of respectful maternity care in the implementing health centers was measured using performance standards of the seven categories of disrespect and abuse and verification criteria that define the standards. Attainment of standards measured during performance assessments at baseline, during internal assessments and final assessment using Standards-based Management and Recognition (SBM-R) checklist. For the final assessment two health centers were selected from each region and women, Midwives, health center head and regional health bureau representatives were interviewed about the RMC implementation. The data that were collected in video recording, document review and observations are analysed in-house and presented in video documentary and printed document formats.

3. Implementation of RMC

Respectful maternity care training is one of the proven interventions that assist presence quality maternal health care of a satisfied society. RMC training was provided for a total of 13 EMwA chapter offices representatives from Oromia, Amhara, SNNP and Tigray regions. The main objective of this training was to create awareness on key performance standards of respectful maternity care and decentralize facilitation of RMC implementation to each region.

These trained chapter office representatives conducted discussion and sensitization to their respective regional health bureaus and facilitated the selection of 5 health centers from each region for piloting RMC. Then after baseline assessment was conducted on the selected health centers to assess the gaps on knowledge, skills and attitude of health care providers regarding RMC services.

As part of the intervention and to ensure sustainability and create sense of ownership among the piloted health centers in providing respectful maternity care, in addition to midwives, one MNH case team head and health center director from each health center were included in the RMC training totaled the number of trainees to 20 from the five health centers. After they went back to their respective health centers, they shared RMC concepts and principles for their colleagues to institutionalize the culture of respectful maternity care in their respective health center.

Supportive supervision conducted



As part of the post training follow up activity and in order to support the target regions for the implementation of quality RMC services at selected health centers, EMwA in collaboration with UNFPA and RHB has conducted onsite supportive supervision to health facilities which have a gap in implementation of RMC. This supportive supervision is organized based on the finding from telephone based supportive supervision; which assessed the status of the RMC trainees performance using a structured checklist based on the trainee's action plan developed during the training. A total of 10 health centers from SNNPR and Oromia region have been addressed through onsite supportive supervision.

Fig.1 ANC assessment given by RMC Trained Midwife at Adare Health Center, SNNPR

4. Results

The implementation of RMC in the selected health centers resulted in promising changes that deserve to be taken as good result. Regarding the knowledge midwives on RMC performance standards almost all trained providers recalled five RMC standards: freedom from harm and ill treatment, right to information, informed consent and respect for choices and preferences, Confidentiality, privacy, dignified care and equality care.

Final RMC assessment conducted in Tigray Region revealed that most of the Health centers have satisfactory progress in providing respectful care during ANC, labor and delivery and postnatal

care. Better performance achievement was observed at Adishimdihun HC (91.8%) and Kasech HC (92.3%) while the rest Atsede mariam HC achieved 89.4%, Adwa HC (87%) and Aksum HC (72.8%).

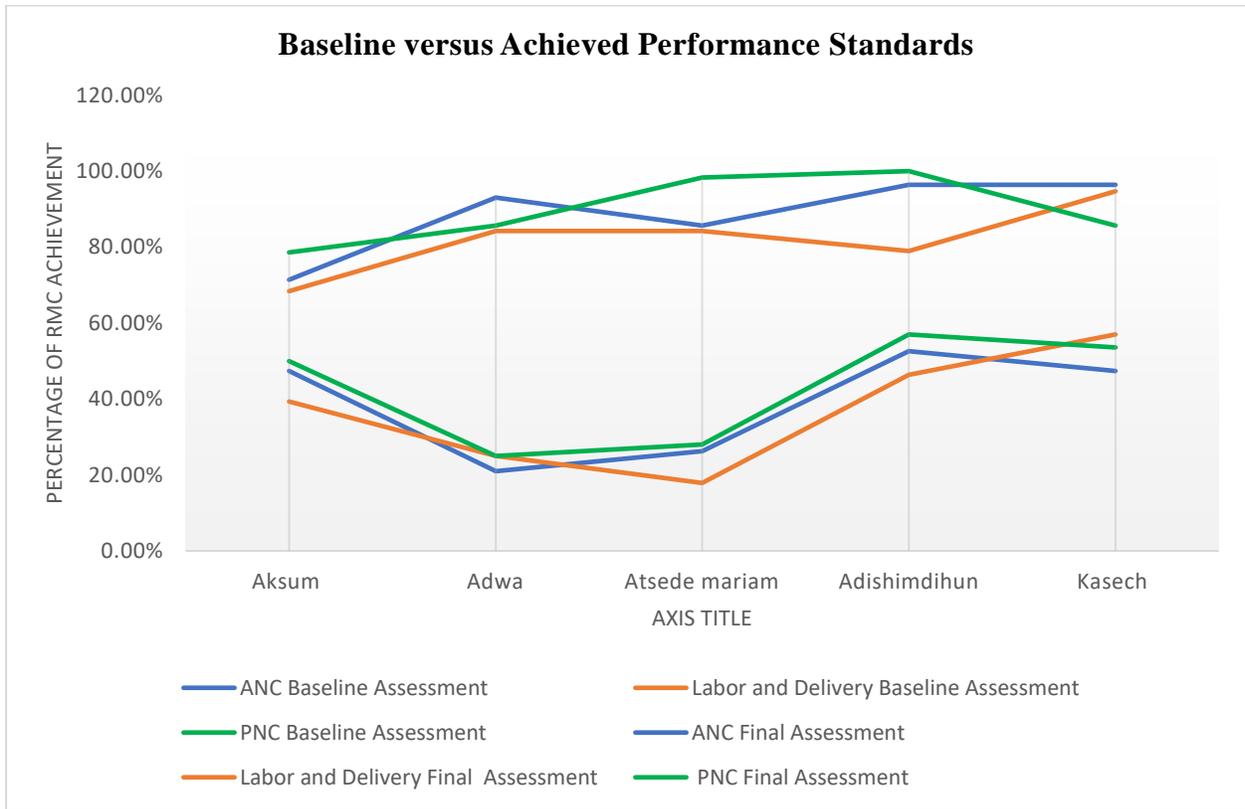


Fig. 2 Total RMC performance of the selected health centers, Tigray, [May 20/2016](#)

Every woman has the right to be free from harm and ill treatment, get information, informed consent and refusal, and respect for her choices and preferences, including the right to her choice of companionship during maternity care, whenever possible. The fear of disrespect and abuse that women often encounter in facility-based maternity care is a more powerful deterrent to use of skilled care than commonly recognized barriers such as cost or distance.

Tirhas Asmelash, MNH officer of Tigray Regional Health bureau witnessed RMC have increased client flow. As she said “In Kasech Asfaw HC, the services given to the clients are with full of respect and dignity. Due to high client satisfaction, the number of client flow and quality of services are improved as compare to other HCs which does not implement RMC. As this change shows, RMC training is required for another HC midwives who are working in MNH unit”.



Fig 3.Tirhas Asmelash, MNH officer, Tigray Regional Health bureau

Every woman prefers to be treated with freedom from discrimination and get equitable care and also it is their rights. A client from Tigray region came to Kasech Asfaw health Center said that “*I came to Kasech Asfaw HC to get family planning service. The midwife gave me the service with respecting my culture, religion, and they talked to me with the language that I understand (Tigrigna), they asked me my willingness to take the service with respectful and confidential manner.*”

Similar to the midwives in Tigray region who took part in the training and assessment, the majority trained midwives SNNPR working in selected health centers (Adare and Millenium HC) also cited the five RMC standards namely: Physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination, abandonment of care and detention in facilities.

An assessment conducted in SNNPR at selected health facilities has revealed that health centers have satisfactory progress on providing RMC during ANC, labor and delivery and postnatal care. Better performance achievement was observed at Adare HC (85.2%) and Alemura HC (86.4%) while the rest achieved 72 % by Dale HC, Chafe Kote HC (52%) and Millenium HC (60%).

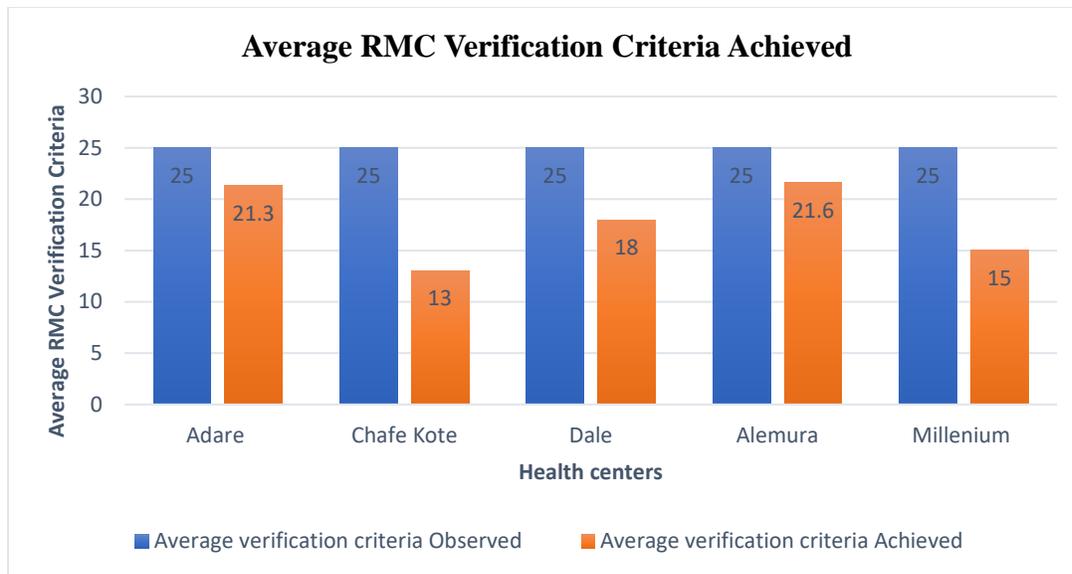


Fig. 4 Average RMC verification criteria achieved by each health center in SNNPR

Production of Compassionate, Respectful and Caring health professionals has been opted to be on the agenda of the country’s health sector transformation plan.

The director of Adare HC from SNNPR said *“I thank, the Ethiopian Midwives Association for their unreserved effort from the very baseline assessment to filling providers’ knowledge and skill gap based on the baseline result and also post training follow up supervision. Respectful maternity care is one part of companionate and respectful care which is also one of the strategies in the Health Sector Transformation Plan. The Ethiopian Midwives Association showed a great commitment and effort on producing companionate and respectful providers to improve MNH services. As an organization, we get a lot of benefit by implementing RMC like increased the ANC service utilization without any gaps, increased institutional skilled birth attendant, increased immunization services and client flow. In addition, our clients developed trust and confidence on the service we provided and also with our companionate midwives”.*

Women preferred healthcare providers that has kind attitudes, spend time with women, and is calm, tactful, warm, smiling, and caring. The availability of services for all, whatever attributes they come with like age, ethnicity, religion etc. treating all women equally is considered respectful.

A Midwife working at Adare HC said *“while I am providing service, I introduce myself and call my clients by their name, I discuss womens’ personal details in private way and keep their confidentiality, I always explain what I am going to do before touching the women, I request their consent before and during procedures, I provide the required service without any discrimination and I discuss with the clients on findings after physical examination and lab investigation”.*



Fig. 5 ANC service at Adare HC, SNNPR

The client came to Adare HC for ANC follow up said that *“When I came to the health center, the provider (Midwife) received me with warm greeting and respectful manner and the care I received is wonderful and free from discrimination. The providers are supportive when asked. Overall I am satisfied with the service I received”.*

Women cannot make reliable decisions unless they are provided handful information about the service they are receiving. As the White Ribbon Alliance, non-partisan organization, has clearly indicated women have right to information, informed consent and choice/preference protected. Midwives help women to exercise this right by allowing their companion of preference to be part of the decision making process.

A woman from Amhara region who came for ANC witnessed the service as *“the service I received everywhere in the HC is very good including card room. No one insulted me; I didn’t face abnormal gestures from any health care providers. I have received a consented care. They tried to keep my confidentiality and privacy by using screen and curtain and by giving individualized care which is guided by full of respect without any discrimination” I didn’t pay for the services”*



Fig. 6 A woman accompanied by her partner receiving counseling on danger signs of pregnancy in Han HC, Bahir Dar, January 2018

One of the expectations of this program was transfer of learning; trained professionals transfer the update they received during the training. In order to provide similar service by all staff in a specific health facility all have to have on board to provide the service. Thus, transfer of learning is an intervention of choice in times when we couldn't reach the other staff.



A midwife who has not been trained on RMC from Kasech Asfaw HC, Tigray Region said about transfer of learning; *“Even though I am not trained on RMC, my colleagues (trained staff) updated us and after that I gave the services with respect by calling clients by name, provide appropriate services to the client by keeping her privacy, confidentiality and also without any discrimination”*

Nigist [G/Medihen Gebremedhin](#), Midwife at

Oromia health bureau, maternal health coordinator hails EMwA and UNFPA supported RMC intervention in the region. He said the training is essential, very important and timely that all health professionals have to implement it in order to improve MNH services. The training could bring enormous changes according to Mr. Getachew Leta. First, our health professionals' attitude could be positively changed. If the attitude of health professionals' change, they will be able to provide the service with compassion and respect.

Mr. Getachew Leta further explained the importance of expanding the program to other health facilities as the region is home to over 1400 health centers and 82 hospitals.



Mr. Getachew Leta, Oromia Health Bureau Maternal Health Coordinator

5. Challenges to RMC Service

One cannot guarantee safe motherhood only by maintaining physical safety without the consideration of emotional and cultural aspect of women. Despite the fact that lack of materials and other necessities does not stop someone from being compassionate and provide respectful care, it is undeniably be a growing threat for RMC and deters the struggle for respectful care. Lack of comprehensive service, shortage of human resource, non-trained staff, shortage of drugs and supplies, unkempt bathroom, extended waiting time were mentioned by clients and health care providers as well as department heads as the recurrent challenges of RMC service provision.

6. Conclusion and Recommendation

Respectful maternity care is not an option. It is not a luxury awarded only to women in certain geographies or demographic groups. It is a right. All women deserve care that respects their basic dignity, privacy, and autonomy. Midwives are the front lines workers in MNH unit to ensure every woman received the respectful maternity care they are entitled to. Advancing respectful, dignified care must be a priority for facilities, with clear measurements and goals. Regional health bureaus, ministry of health and other relevant stakeholders should work together to improve the health centers infrastructure, human resource and drugs and supplies. EMwA has raised these challenges to health center directors and regional health bureau

representatives to pick the low-hanging fruit and forward the once that need more time and higher decision.

For more info please watch video documentary www.midwives.org and also available in compact disk (CD)
