Work-related Stress as a Driver of Mistreatment of Women in labour and birth

Work related stress is the adverse reaction people have to excessive pressures or other types of demand placed on them at work.

Barbara Hanrahan

- **Symptoms of work-related stress**

Physical symptoms: fatigue, muscular tension, headaches, etc.;

Psychological symptoms: anxiety, irritability, pessimism (won't make it, can't happen), feelings of being overwhelmed and unable to cope,
and reduced ability to concentrate or make decisions

Behavioral symptoms of work-related stress include:

- Increased sick days or absenteeism or aggression;
- Diminished initiative, and decline in work performance;
- Problems with interpersonal relationships, mood swings and irritability, lower tolerance of frustration and impatience : Poor communication skills

Yesterday :

Communication being a critical attribute of midwife

Drivers of work based stress

- High work loads
- Perceived lack of managerial support for staff
- poor governance and leadership
- Interrupted supply chain
- Internal stress, which is often externalized through lashing out at others, which has been identified as a potential drivers of mistreatment of women in labour and birth
- Burnout and emotional exhaustion, which ultimately detract from providing quality care to women and their babies.

Midwives Peer Debriefing Circle

Midwives caring for Midwives

Midwife Peer Debriefing Circle

Weekly circle / shift

providing supportive environment and safe place where midwives debrief their anxiety and distress arising from work situations

Jointly decide on a set structure and rotate the facilitation of the circle

Protected time. 45 minutes.

Helpful stress management

Discuss ways of showing support to a stressed colleague

Observed frustration / mistreatment with a woman in labour -"I will cover for you – take a five minute break" (Do not leave a laboring woman on her own)

Reflective writing – can choose to share

Anonymous communication book for frustration and stressors

End with breathing and relaxation exercise – to step down and away from the issues raised in the circle.

RMC Resource Package

Kenya HESHIMA Project Partners

Heshima is Kiswahili for “dignified”

www.popcouncil.org/research/heshima-promoting-dignified-and-respectful-care-during-childbirth.

Session 9
Role Play 2:

- Using mediation to resolve an incident of non-dignified care, discrimination, or detention in facility-based childbirth *(suitable for managers*)

COMMUNITY INVOLVEMENT IN RMC

Learning Objectives:

By the end of the session the participants should be able to:

- Outline community members' roles in promoting respectful maternity care.
- State community structures available for dealing with incidents of D&A.
- Demonstrate techniques for strengthening community–facility links and methods to deal with incidents of D&A at the community level.

Community's Role in Promoting RMC

- Includes identifying the barriers that prevent women from receiving respectful care during childbirth in health facilities.
- The following are some of the barriers:
  - Inadequate knowledge of labor and delivery procedures
  - Failure to fulfill obligations or demand rights
  - Cultural beliefs and practices
  - Myths and misconceptions
  - Financial barriers

Community Members Should:

- Recognize their right to quality care during childbirth in health facilities and proactively pursue information on good health practices including childbirth.
- Respectfully demand good customer care during all services provided in health facilities including childbirth.
- Encourage women who have experienced disrespect and abuse during childbirth to speak out and seek redress through mediation, counseling, or other available avenues.
- Offer emotional support to women and their birth partners/families that experienced disrespect and abuse during childbirth.

Community Members Should:

- Establish or strengthen a clear linkage connecting the community and facilities to address disrespect and abuse.
- Mobilize community resources (money, materials, and people) to support initiatives promoting respectful maternity care, such as:
  - Legal and maternal health advocates
  - Community watchdogs
  - Health facility management committees
  - Community members/volunteers to work as mediators, etc.

Group Activity:

Community's role in promoting RMC:

- What community structures or mechanisms exist in your locality for legal redress and accountability that could be used to improve RMC?
- How can we strengthen facility, community, and manager linkages for RMC and mutual accountability?

Community-Level Structures for Dealing With D&A

Community members should be made aware of the existing structures through which to claim their rights by reporting the incidence of D&A. These include:

- **Community Health Workers**: Volunteers trained by the Ministry of Health to offer basic health care and refer community members to formal health care services as appropriate.
- **Health Facility Management Committees (HFMCs)**: Established through an act of parliament, they include representatives from communities and health facility management. Community members represent the community interests and have authority to make the HFMC accountable for good-quality health services.
- **Legal aid officers and community watchdog representatives**: Trained by civil society on the community's legal rights and mandated to educate the community about their civil rights and assist them in obtaining redress when their rights are infringed.
- **Local administration**: Chiefs and village and society leaders who are charged with the responsibility of linking their community to other formal governments in dealing with social issues including health and community welfare.

STRENGTHENING CONTINUOUS QUALITY IMPROVEMENT (CQI)

Learning Objectives

By the end of this session the participants should be able to:

- Describe the term continuous quality improvement (CQI).
- Discuss CQI in relation to respectful maternity care.
- Explain the membership of CQI teams.
- Determine the roles of CQI teams in promoting respectful maternity care.
- Discuss ways to strengthen CQI teams so that they involve maternity units.

Definitions

- Continuous quality improvement: CQI refers to the combined and ongoing efforts of everyone;
  - health care professionals, patients and their families,
  - researchers, planners, and educators in order,
- To make the changes leading to better patient health outcomes, better patient care, better professional development, and better access to care.

(WHO, 2005)

Quality Of Care

Includes the following elements:

- Availability: a sufficient quantity of functioning public health and health care facilities, goods, services, and programmes;
- Accessibility: non-discrimination, physical accessibility, affordability, information accessibility;
- Acceptability: respectful of medical ethics and culturally appropriate, sensitive to age and gender; and
- Quality: scientifically and medically effective

(WHO, 2010)

Introduction to CQI in Childbirth

- In labor and childbirth, CQI includes woman-centered care, which refers to health care that respects the values, culture, choices, and preferences of a woman and her family, within the context of promoting optimal health outcomes.
- Woman-centeredness is designed to promote satisfaction with the maternity-care experience and
- Improve well-being for women, newborns, their families and health care professionals.
- Woman-centered care is an essential component of health care quality

Woman-Centered Care

- Accepts each woman's knowledge and feelings of her own being and respects her ability to identify her own needs and those of her baby.
- Recognizes the importance of ensuring optimal maternal and newborn health outcomes.
- Is 'holistic' in terms of addressing the needs engendered by a woman's physiology, psychology, ethnicity, socioeconomic circumstances, sexual orientation, culture, religion, and level of education.
- Recognizes women as predominant caregivers and strives to support them in managing the challenges they face in accessing health care.

Woman-Centered Care…

- Facilitates links to childbirth information and education, enabling women to ask questions and make informed choices about who provides care, where it is given, and what form it takes.
- Recognizes women's rights to self-determination in terms of choice of caregiver and birth support, including decisions about the role family members or significant others will play during pregnancy, labor, birth, and postnatal periods.
- Offers continuity of care so women are able to form trusting relationships with the providers who support them, and promotes collaboration with care providers to ensure smooth transitions from one level of care to another.
- Focuses on women's unique needs, expectations, and aspirations rather than the needs of institutions or professions involved.
- Ensures women are equal partners in the planning and delivery of maternity care.

Forming or Strengthening CQI Teams

- Review the current policy of CQI teams. Review the current membership.
- Ensure that the team includes people who have an interest in the issues, those directly affected by the issues and those who can act on them.
- Include maternity unit staff.
- Include community members from the facility management committee.
- Set goals, objectives, and tasks to be achieved by the team.

1. Identify Team Members

- Teams should have 3-4 members who will plan, implement, and evaluate their work.
- If a facility already has a team, make sure it includes appropriate members promoting respectful maternity care.
- Suggested members are: a midwife, a nursing officer in charge, a hospital administrator and a medical officer in charge.
- However, staffs will select members for the CQI team.

Note: Facilities with large maternity units may have a maternity unit CQI team but they should be linked to the overall facility CQI team.

2. Time and Place

Identify time and place for short weekly meetings (no more than 30 minutes)

- The CQI team does not have to meet at the same time and place each week.
- Meetings can be more or less frequent as needed.
- Team notes should be taken in the following format:

Date	Main points for discussion	Next steps	Person responsible	Due by

3. Set Goals

- A goal is a clear statement of the intended improvement and how it is to be carried out and then measured.
- Team members will use their goal statement to stay focused and to establish boundaries for what is and what is not included in the team's scope of work, and to define their successes.
- The goals will be posted at every team meeting.

3. Set Goals…

How to write a goal. A goal should:

- Answer the question, “What do we want to accomplish?”
- Be measurable.
- **Be short** so that everyone can remember it.
- Does *not* include *how* you will achieve it.
- May include a beginning and an end date.

4. Clarify the Role of CQI in RMC

CQI teams will gather data and information on providers' and clients' perspectives of respectful maternity care by using the following tools:

- *Maternity Care Providers Interview Guide (Appendix 9):* A guide for soliciting providers' perspectives on caring behaviors and the feasibility of performing them.
- The CQI team can use this to track progress on individual and facility work plans to support efforts to promote a good working environment that enhances caring behaviors.
- *Maternity Client Exit Interview Guide (Appendix 10):* An interview guide for exploring clients' perspectives on provider caring behaviors and recent birth experiences.

Brainstorming Activity on CQI Teams and RMC

- What CQI team strategies do you have in place to promote woman-centered care in your facility/ward?
- How can we strengthen the CQI teams to ensure accountability through:
  - Providers?
  - Facility/ward managers?

MONITORING AND DATA MANAGEMENT IN RMC

Learning Objectives

By the end of the session participants should be able to:

- Explain the terms recordkeeping, reports, monitoring, and data management.
- List different types of records and reports in facility childbirth.
- Outline the use of the various records and reports.
- Discuss the purpose of recordkeeping and reports.
- Describe management issues relevant to recordkeeping.
- Demonstrate the ability to complete and maintain records in relation to RMC.
- Briefly discuss the monitoring and evaluation for RMC.

Definitions

- **Recordkeeping:** involves physically recording and retaining information with the purpose of facilitate future planning or reference needs.
- **Reports:** Involves filling out and compiling specific information and data for use at different levels of planning.
- **Monitoring:** is a continuous data collection and analysis process to assess a project or program and compare it with the expected performance. It provides regular information on how things are working.
- **Evaluation:** provides a snapshot against some benchmarks or targets at a point in time of programs that may or may not be continuing.

Types of Recordkeeping Tools in Relation to Childbirth

Type	Use
Admission registers:	Retain data on admission history, reason for visiting/medical complaints, HIV counseling and testing, next of kin, etc.
Maternity/delivery registers:	Keep data on child delivery, time, mode, status of the baby, sex, blood loss, etc.
Nursing notes/Kardex	Record the midwifery care given to the mother/baby.
Partographs:	Record progress of labor and condition of mothers and babies
Stock keeping records	*e.g., bin cards*: record the drugs and supplies in the ward or the facility or service delivery points.
Reports:	Submitted to different levels of management, e.g., daily/ shift reports, monthly reports, incident reports (maternal death, loss of baby); continuous professional development reports (CPD).

Types of Recordkeeping Tools in Relation to Childbirth

Type	Use
Postnatal registers:	Record the care received by the mother and baby after delivery up to 6 months.
Mother–baby booklet:	Records ANC, PNC services, and care received by mothers and babies for up to five years.
Death reviews/reports:	Includes maternal and perinatal death review forms, verbal autopsies, and community report forms/booklets
Other:	Linen book/register, ward and bathroom cleaning log sheets, diet order sheets /books, CPD log books, etc.

Importance of Recordkeeping and Reporting in Promoting RMC

- Good recordkeeping and reporting practices are key planning tools in providing adequate and high-quality care at the ward/health facility level.
- Information collected and kept can be used for decision making in management and supervision activities during childbirth.
- This enables providers to continually benefit from not only their own previous case experiences but also those of the entire ward or facility.
- Maintaining accurate, clear, complete, and relevant information for client records can help ensure that clients receive full and appropriate care given their medical history and condition status.

Importance and Purpose of Medical Records

Medical records serve many purposes such as:

- Document the history of examination, diagnosis, and treatment of a patient.
- This information is vital for all providers involved in a patient's care and for any subsequent new provider who assumes responsibility for the patient.
- In disciplinary or peer review matters, medical records can justify (or refute) the need for a particular treatment.
- Medical records improve accountability.
- In reimbursement and utilization disputes, medical records document what services were rendered and whether they were medically necessary. Medical records are the single most important evidence for a provider during a malpractice claim or other inquiry concerning patient care.

Importance and Purpose of Medical Records…

- Medical records should contain sufficient, legible information that clearly demonstrates why a course of treatment was undertaken or why an indicated course of treatment was not.
- Records must contain sufficient information to identify a patient, support their diagnosis, justify their treatment, and accurately document the course and result of their treatment.
- Records must include: patient histories; subjective complaints; examination results; test results, x-rays; objective assessments; treatment plans; reports of consultations and hospitalizations among others
- Certain patient information such as billing records or test results should be part of the patient's medical records.

Means of verifying recordkeeping information

- Exit interviews
- supervision reports
- periodic surveys
- Monthly Monitoring Data Forms:
  - Health facility: Facility in charge
  - Maternity in charge
  - Community health workers (CHW) tool

RMC monitoring tools

Tool	Monthly report on
D&A incident consent (Annex 9)	*Clients family consent and detail description of the case indentified/handle ore referred*
Health facility managers tool (Appendix 11)	HFMC/B activities in relation to RMC: No of incidents handled, through various accountability mechanisms , availability of the essential maternity commodities supplies and drug: infrastructure etc
Maternity in charge tool (Appendix 12)	CPD, QITs and maternity open days meetings, caring of the carer sessions, availability of the essential maternity commodities supplies and drug
CHEWs and CHWs report form (Annex 13)	Community level training, no. if incidence/s identified, handled through mediation or referred fro counseling/ mediation, dialogues days etc

CLINICAL EXPERIENCE

Goal

- To provide an opportunity for the participants to observe maternity cares services and identify acts of omission or commission that promote respectful maternity care or are disrespectful

Learning Objectives

By the end of the session the participants will be able to identify any acts of commission or omission that either promote respectful maternity care or result to D&A as they (participants) observe the following:

- History-taking of admitted mothers
- Physical examinations at any stage of labour or postnatal
- Proper infection prevention practices
- Effective use of delivery register and other data management tools
- The level of cleanliness of the ward/unit/facility
- An example of the public display of a service charter and general ward information

Learning Objectives …

Observe

- An optimal state /condition of ward areas, e.g., is there privacy and confidentiality
- Positive, professional provider working relationships with colleagues, patients, relatives and /or community members.
- The level of cleanliness of the ward/unit/facility
- An example of the public display of a service charter and general ward information
- An optimal state /condition of ward areas, e.g. is there privacy and confidentiality
- Positive, professional provider working relationships with colleagues, patients, relatives and /or community members.

Instructions

- Observe caring behavior during labour and child birth
- Observe for the seven categories of disrespect and abuse:
  - Physical abuse, non-consented care, non-confidential care, and non-dignified care, discrimination, abandonment of care, and detention in facilities
- Look out for conditions that could be dehumanizing the clients and their relatives e.g. dirty wards, utensils, cold showers/food, wet floors, etc.

TRANSLATING EVIDENCE INTO ACTION

Goal

- The goal of this session is for each participant to use the skills they have learned throughout the workshop to develop an action plan. Skills include dealing with D&A at a personal level, at the ward, unit, or facility level, and at the health management level.

Learning Objectives

The action plans will be twofold namely:

1. Initiating or strengthening the tested interventions discussed during the RMC workshop
2. Orientating/updating other service providers in the participants respective work stations through mentorship and support supervision.
   - Where feasible workshop could also be used to train or update other staffs.

Interventions Work plans

Reflect on the evidence and interventions discussed during this workshop. In your facility/DHMT groups, develop implementation action plans .

IMPLEMENTATION

- What needs to be done?
- By whom? By when?
- What resources?

EVALUATION

- What evidence indicates progress?
- How and when will evidence be gathered?

Action Plans on Updating or Training Staff

Request each participant to orientate others back in their stations as follows:

- Provide feedback to all service providers in the health facility especially in the maternity unit including:
  - Support staff such as clerks, cleaners, guards, and those offering hospitality services e.g., serving meals, making beds among others

Updating Continued

- Use of mentoring as an approach to update other providers is recommended NOTE**: RMC update sessions (can be broken down in series of 1-2 hour updates and based on each the intervention component in the tool kit)**
- Use the power point slide (hand copies could also be used) provided during the training when providing updates to ensure standards in delivering the content.
- Refer to the job aids on provide in this Population Council RMC tool kit and share the job aids with the staffs
- Evaluate knowledge gained by asking random questions
- Once the staffs are orientated they will also need to make their implementation action plans as discussed above.
- Remember to make your presentation lively and very interactive

Summary- Take Away Points

- D&A deters facility-based child birth yet SBA remains low
- Is a global problem and a violation of human rights
- Intervention is low cost BUT requires a multi-pronged approach (Policy, facility and community-level)
- Change process requires critical self-reflection, thinking and action – VCAT is a useful tool
- Attitude and behavior change is largely self inspired and individual driven
- A supportive environment at all level of service delivery is a **must for RMC**
- Community linkages are key in promoting RMC

Thank You

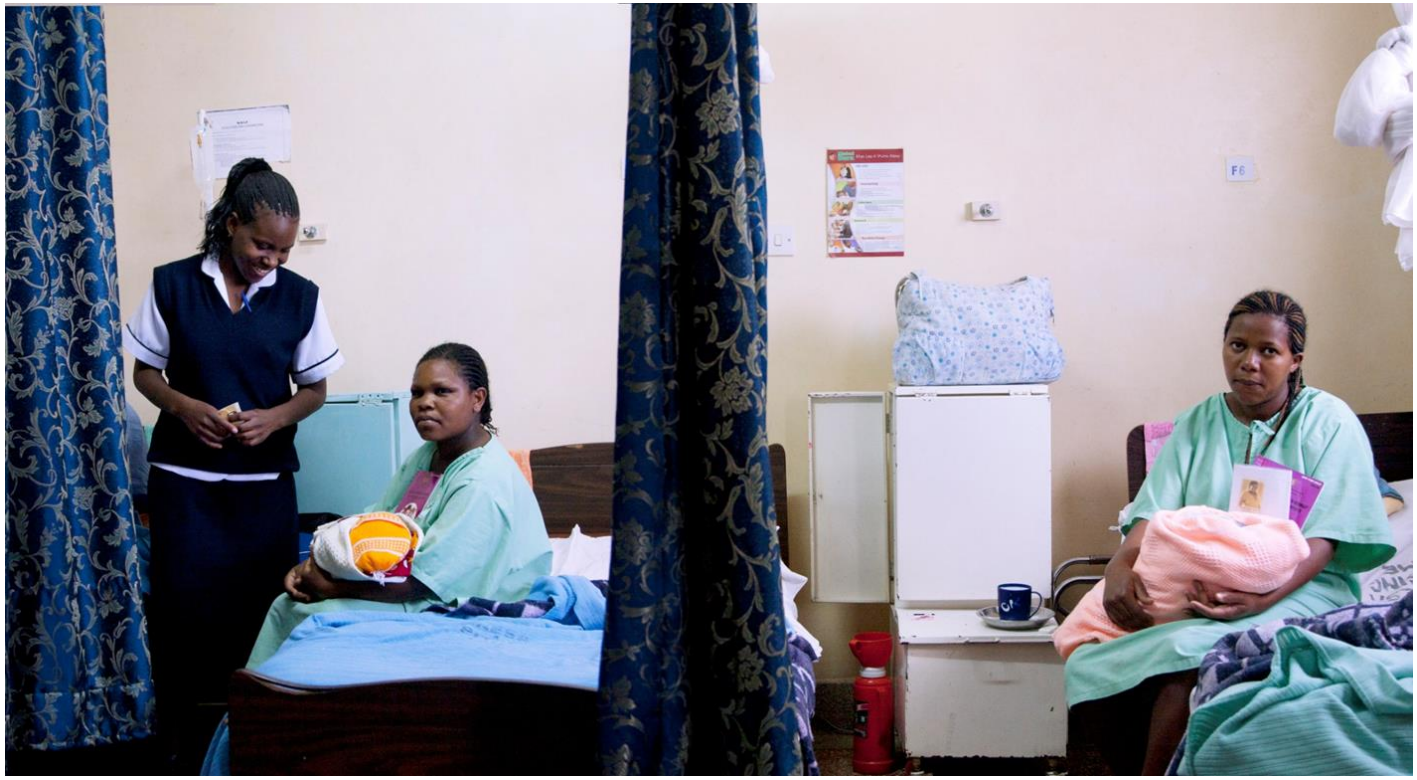

Photo by Flynn Warren courtesy of the Population Council

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Additional Slides for Facilitator Use

**the following slides are to be used to explain the necessity of the facility-based workshops on Promoting Respectful Maternity Care & explains how to use the RMC toolkit **

Introduction

What is the RMC concept?

- Respectful Maternal Care (RMC) encompasses respect for women's basic human rights that include respect for women's autonomy, dignity, feelings, choices, and preferences, including companionship during maternity care (WRA 2011).
- RMC involves Woman-Centered Care during facility-based childbirth.
- RMC employs a rights-based approach to maternity care services.

RMC Resource Package

- A set of resources designed to provide background information, instructions, and tips to deliver interventions aimed at promoting RMC;
- For program managers, supervisors, trainers, technical advisors, and others in the field of sexual and reproductive health to:
  - Organize or facilitate
  - Build capacity
  - Advocate

Contents of RMC Resource Package

1. Facilitator's Guide—reference manual for the **trainer**
2. Participants' Guide—reference manual for provider **trainees**
3. Community Trainers of Trainers (ToTs) Manual—for training CHWs and other community resource persons as ToTs
4. Community Flipchart—highlights RMC key practical points that can be used by **community resource persons**
5. Job Aids—offer guidance on how to conduct:

    Maternity Open Days
    Conflict Resolution
    Debriefing Sessions—Caring of the Carers

POPULATION COUNCIL
Ideas. Evidence. Impact.

RESOURCE PACKAGE

Facilitator's guide: Health Facility level

- VCAT and set of selected rights-based approaches adapted for improved accountability and responsiveness to RMC at all health care levels
- Training activities
  Facilitator's instructions
  Checklists
- Reference materials

Participants' manual

- VCAT and a set of selected rights based approaches adapted for improved accountability and responsiveness to RMC at all health care levels
- Job aids and reference materials
- Individual and facility plans

Facilitators guide: Community level

- A set of selected rights-based approaches and interventions at community level
- Community
  Flipchart
  Job Aids
- Information brochure

Monitoring

- Tools for mentoring and supervising teams
- Periodic exit interviews and provider in-depth interviews (IDIs)
- Routine data health management information system (HMIS)

Providers' Workshop

- Includes materials and intervention activities highlighting **key practical points for policy makers, health managers, and advocates for promoting RMC**;
- Materials include global and national strategies and evidence related to RMC;
- Exercises helping providers look at their values and attitudes related to RMC are also included.

Content of Providers' Workshop

- Overview of maternal health along with disrespect and abuse (D&A) during facility-based childbirth
- Human and childbearing rights
- Values clarification and attitude transformation (VCAT)
- Psychological debriefing of health care providers
- Professional ethics
- Promoting mutual accountability—rights and responsibilities of both health care providers and clients during childbirth
- Health facility management

Content of Providers' Workshop

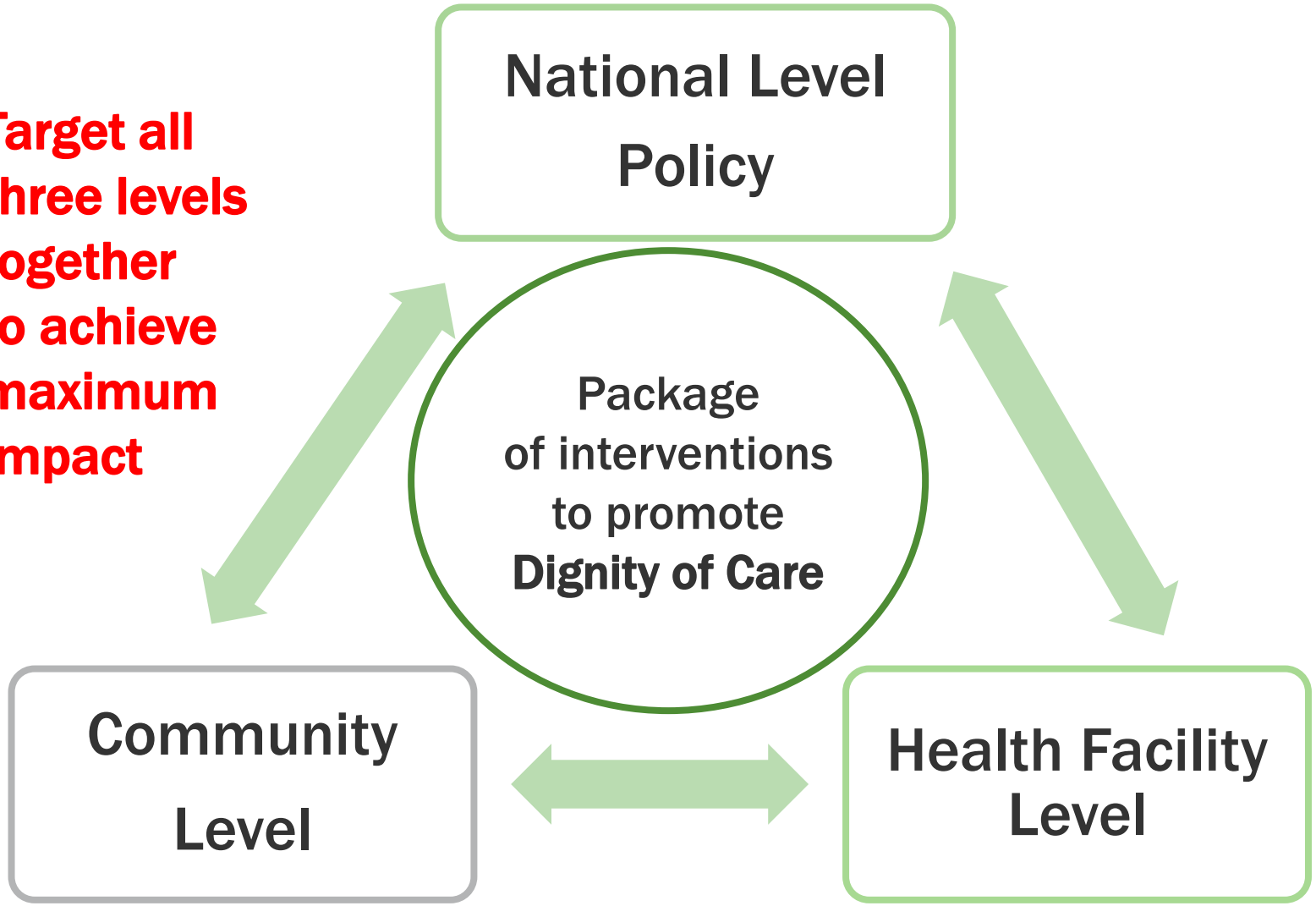
- Mediation as an alternative dispute resolution mechanism
- Community's role in promoting RMC in facilities
- Strengthening continuous quality improvement (CQI)
- Monitoring and data management
- Translating evidence into action—Intervention implementation plans

DISRESPECT AND ABUSE (D&A)

- Proven Best Practices and Interventions to Promote Respectful Maternity Care (RMC)

Three-pronged Approach to Promoting Dignified and Respectful Maternity Care

Target all three levels together to achieve maximum impact



The Interventions at the Three Levels